THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. X. PHILADELPHIA, SEPTEMBER, 1888. No. 9.

A CLINICAL LECTURE.

CHRONIC NEPHRITIS DUE TO LEAD-POISONING; CHRONIC ENDATIVE NEPHRITIS; CIRRHOTIC BRIGHT'S DISEASE.

BY FRANCIS DELAFIELD, M.D.,

Professor of Pathology and Practical Medicine at the College of Physicians and Surgeons, New York.

GENTLEMEN: This patient presents himself before us with the following history: He has been in his ordinary health until the early part of last fall, and then began to sink rapidly. He felt dull and languid, and not so well able to do his work as formerly. His bowels were costive, but he kept at work as usual. About six weeks ago he developed pain in the region of his abdomen. He lost, he says, twenty pounds of flesh during the winter, and is every day becoming worse. He complains of no headache, but is at times dizzy. His appetite is poor and he vomits a little, but feels like vomiting twice a day. This vomiting came on for the first time about six weeks ago. His feet are not swollen, but he passes more water than formerly. His urine has the specific gravity of 1018 and contains no albumen.

When we come to examine his chest we find the resonance fairly well marked over the lungs in front. His heart's action is a little too rapid, being somewhat over a hundred a minute. The first sound is very loud and distinct. There is a little increase in the size of the heart, and the radial artery is small, but there is some increase in the tension of the pulse. It is not a large pulse, but it is a harder pulse than it should be. The liver is about its normal size, and there is no increase in the size of the spleen. He has fairly well marked on the gums of the upper and lower teeth the blue line we are accustomed to associate with lead-poisoning. He has, he says, been employed as a wire-worker in a manufactory where they use lead to temper the wire. The man himself is not actually engaged in this part of the business, but is in the habit of passing through the room several times a day.

Now, a part of the explanation of this man's condition is to be found in the fact that he is suffering from lead-poisoning in one of the ordinary ways. In addition to this, he has also developed a lesion which may be due to the lead-poisoning, and that is one of the forms of chronic nephritis, of a slow character, with the production of a good deal of new connective tissue in the kidneys, with, after a time, hypertrophy of the left ventricle of the heart and a disposition to increased arterial tension. I should imagine such a change in the kidneys has already commenced in this man's case.

Now, the first thing this patient must do is to keep away from lead. It is not safe for him to be even in the building where this process of tempering wire is being carried on, but he should try and find some other employment. This is the first essential in the proper treatment of his case.

In the second case, it is important to relieve the constipation from which he is suffering, and probably the best way to do this will be for him to take Carlsbad salts or the sulphate of magnesia, well diluted in water, once or twice a day, so as to have at least one fair movement from the bowels every day.

Then, as regards the lead-poisoning itself, I

should imagine he would do best with the iodide of potash in five-grain doses, well diluted with water, four times a day. By and by, when he gets a little better, the indication for the use of iron will come in.

CHRONIC ENDATIVE NEPHRITIS.

We have here a man, 53 years of age, who has had the opium habit for the past twenty-five years. He is now taking six grains of morphia a day. His present illness began five years ago with dropsy of the feet and legs, and that dropsy has continued from that time up to the present day. His dropsy has been sometimes more than at other times, and he has noticed that his urine has increased to the greatest amount when he has the most swelling of the feet and legs. He has had no cerebral symptoms, has some dyspnœa, loss of appetite and vomiting; but the latter symptom may go with the opium habit as well as his kidney trouble. His urine now is of the specific gravity of 1010, and contains 40 per cent. of albumen. He is fairly well nourished, moderately dropsical, and somewhat anæmic. The heart's action is rather feeble, with a systolic murmur at the base, but no very decided change in the pulse.

We can now say that this man is suffering from chronic Bright's disease, and he is evidently suffering from that form of the disease in which there are changes in the stroma, the tubes, the glomeruli, and the blood-vessels. It is a chronic exudative nephritis. He passes too much water with a good deal of albumen in it. This man is getting rid of a good deal of albumen every day, and he has been doing this for a long time. This means that there has been for some time, and is now, going on in this man's kidneys a constant transudation of the serum of the blood from the blood-vessels of that organ into the kidney-tubules. In other words, it is a chronic nephritis of the exudative type.

Now, the most marked symptom of this man's kidney trouble has been dropsy. Except for the dropsy and the slight dyspnœa, his condition has not been a very bad one, after all. It is a question in his case whether the opium habit had not something to do with the nephritis running so mild a course as it has. I should hardly feel justified in advising him to give up this habit at the present time.

Next, as to what can be done for this man in the way of treatment. I do not believe we can do very much for him in that direction. He is, after all, in a pretty good condition for a man who has been suffering from chronic nephritis for the past five years. It would be better for this man if he were passing smaller quantities of urine, with less albumen, and with a less disposition to dropsy; but whether we can do anything to bring about this condition I am not certain. I do not know any better way to bring this about than for him to try the use of one of two drugs,—the bichloride of mercury or the tincture of the chloride of iron. I should first try the tincture of the chloride of iron, and should give it to him in moderately large doses. I should begin with twenty drops, diluted, three times a day, and then gradually run it up to thirty, forty, fifty, and sixty drops, three times a day. I should try this remedy for a month, and if at the end of that time the quantity of water, the percentage of albumen, and the tendency to dropsy should become less marked, I should continue the iron for an indefinite period of time.

If, however, there should be no gain in this respect, then I should begin with the bichloride of mercury, first in small doses, say one-twentieth of a grain four times a day, and then one-sixteenth, one-twelfth, one-eighth of a grain four times a day, and by this plan of treatment in the same way.

CIRRHOTIC BRIGHT'S DISEASE.

This man comes to us with a very straightforward history of one of the very common ways in which chronic Bright's disease shows itself. A patient will come to you and tell you that he has been perfectly well until a few weeks before you see him, and say he has taken cold and cannot lie down as formerly without suffering from shortness of breath. He will tell you that he has no headache, no stomach symptoms, no disturbance of digestion, or no dropsy. He does not feel sick, is able to do some work, and suffers in no other way but from the one symptom of dyspnœa on assuming the recumbent position. When you come to examine his heart and arteries you will find a hypertrophied left ventricle without valvular disease and increased arterial tension. In addition to these, you may find chronic endarteritis, with tortuous arteries such as this man has.

When you come to examine his urine you

will find it a little diminished in quantity, and if you question him you may find it was increased before the time of the attack. You will find it of a low specific gravity, with albumen to an appreciable amount, but yet not in large quantities.

The interpretation of this history is not a difficult one. It is simply this, that the man has been suffering from chronic Bright's disease for months and years, while he considers that he has been in his ordinary health; and the particular form of chronic Bright's disease is a very slow one, with increase of connective tissue, atrophy, and destruction of the tubules and malpighian bodies, and consequent atrophy of the kidneys. So that we do not know whether this patient has been suffering from this trouble for two or five years, or how long a time it may be. He may have had it for five years without a single symptom; but after reaching a certain point, then he will develop a symptom such as this man has, viz., dyspnœa on lying down, and while this symptom exists you will usually find albumen in the urine.

Three months ago, before this man had this attack, if you examined his urine you would very likely have found no albumen.

So the dyspnœa this patient is suffering from is the so-called dyspnœa of Bright's disease, not due to œdema of the lungs, or to fluid in the pleural cavity, the sort of Bright's disease which terminates in atrophy of the kidney, and the complications of hypertrophy of the left ventricle of the heart, chronic endarteritis, and increased arterial tension.

Now, when a patient such as this man comes to you with the first attack of dyspnœa, you can often relieve his symptoms very promptly. There are exactly two drugs which will do this in a very certain way, and these two are opium and chloral hydrate. You must give him one or the other of these two drugs. They are to be given in moderate doses and at regular intervals in the twenty-four hours. In addition to this you should have your patient remain quiet at home, and as much within doors as possible. If you do that, in all probability the attack will pass off, but that only means that you have helped your patient to get over that particular attack. His Bright's disease you did not touch, and it goes on just the same. When the patient has had such an attack as this man has, it means that he is going to have more trouble from his Bright's disease. This man will get over this attack, and he will feel better for a time during the summer, but when next fall comes around he will have trouble again, either a dyspnœa which is harder to control, or some cerebral symptoms, or some disturbances of his digestion. In some way or other the man will not from this time forth do so well as he has heretofore.

ORIGINAL COMMUNICATIONS.

ELECTRO-GYNÆCOLOGY.

By J. T. EVERETT, A.M., M.D., Ph.D., GRINNELL, IOWA.

CERVICAL STENOSIS.

IN cervical stenosis I have found that electricity gives much better results and a larger percentage of cures than any other method with which I am acquainted. Moreover, I have had considerable experience with the various tents, dilators, etc., as well as with the slow and rapid methods of dilatation and the knife. The advantages of electricity are: 1st. The process is painless, harmless, and unaccompanied by shock. 2d. It does not require the patient to remain in bed. 3d. There is no sepsis or peritoneal complications. 4th. It is less troublesome and disagreeable to patient and physician. 5th. It is not followed by disturbing sequelæ. 6th. After a cure by this method, the results are more perfect and permanent. We have resulting less destruction of the endo-cervical mucosa, less cicatricial density or contraction, and consequently less danger of sterility. Another important consideration is the fact that, should we find abnormal deposits in the circumjacent tissues, the same treatment will assist largely in their solution and dispersal. When the cervical canal is absolutely impervious to the finest filamentous sound, a moderately-fine cathodal electrode will pass quite readily, if there does not exist an entire absence of the canal. My usual method has been to place a large, flexible anode at the sacrum, and as large a cathodal sound, well insulated, to within an inch of the extremity as will readily pass under the relaxing influence of twenty to fifty milliampères, allowing this current to flow for five or ten minutes as the sound is gradually insinuated into the os. It is surprising with what readiness a densely constricted or tortuous canal will yield to the persuasive influences of the electric

current when carried through a dilator of this kind.

The special electrodes which I have devised for this class of cases are two. The first one is for use in cases of stenosis, complicated by marked flexion, or a tortuous cervical canal. This consists of a fine, flexible, insulated, silver electrode, to the extremity of which is firmly screwed an olivary point of varying sizes. This, owing to the flexibility of the shaft, may be easily and rapidly insinuated into almost any cervix, however crooked, when assisted by the cathodal current of a constant battery. The second electrode which I have designed for this purpose, and which will be found of great service to those who use it, consists of a series of fifteen nested silver canulas slipping loosely over a fine, central probe. These are loosely covered by a thin vulcanite shield, which extends from the outer third of the series to the point, or to the uterine os. The method of using this is to pass the nest into the vagina until the point impinges against the os. The proper connection having been made with the battery, the smallest stiletto is slowly and carefully insinuated into and through the neck. After the current has been allowed to flow for two or three minutes, or when the stiletto appears to fit loosely in the canal, the smaller canula is carefully pushed out and down over the central probe, thus enlarging the calibre of the canal by the fraction of an inch at each successive effort. After waiting as before, until this electrode in turn becomes loosened by the gradual relaxation of the cervix, each successive canula is in turn pressed down, and a gradual dilatation is thus painlessly and successfully performed, with no destruction of tissue, and no systemic shock. Care must be taken not to move too rapidly in this work, and not to prolong the *séance* to the extent of fatiguing the patient. This process enacted daily will, after a few weeks, result in a very perfect cure of a great majority of cases.

In my experience, which extends backward eleven years, I have a record of 75 per cent. of cures; and the failures which bring this ratio down so low occurred largely in the earlier years of this practice, before the plan was fully matured, and before cognizance was taken of all the factors in the case. In later years, with perfected instruments and a better knowledge of the nature of the difficulty, the failures have been few and but partial failures.

OVARIAN TUMORS.

When the ovarian tumor is of solid or fibroid consistency the electrolytic action has been quite successful in my hands. In ovarian fibroids, I have a record of 73.5 per cent. of cures. My method during the early years of practice was to insert negative needles deeply into the substance of the neoplasm, and with a current of thirty to fifty milliampères for twenty or thirty minutes thoroughly apply the electrolytic action to the tumor.

More recently, I have relied almost exclusively upon passing a stronger current directly through the morbid growth from external electrodes of two or three inches in diameter. I have in numerous instances used as high as sixty or eighty or even one hundred milliampères in these cases, allowing the current to flow for fifteen to twenty, or, when practicable, twenty-five or thirty minutes. By this method I get equally as good results, and avoid the danger from the anæsthetic, the danger from peritonitis, and the systemic shock, as well as the reluctance of the patients to undergo these frequent operations. Besides, we can use these treatments daily, and not undergo the annoyances of administering the anæsthetic, and thereby economizing time.

In cases of dermoid cysts, of course, any treatment save the radical removal with the knife is obviously inapplicable, except in the very first stages of their growth, before a positively correct diagnosis is possible. About the time, or a little before, Dr. Semeleder, of Mexico, published his article, "Ovariotomy no Longer Necessary," I cured (?) four cases of ovarian cysts. But in the next three or four years they had all refilled, and I was under the necessity of resorting to ovariotomy in each case. This experience occurred before Dr. Semeleder moved to New York and failed in so many cases. My inferences therefrom, being reinforced by these failures and by the paper of my friend, Dr. P. F. Mundé, which appeared in The American Journal of Osteology, of course my ardor in this direction was considerably cooled. When the ovarian cyst is small and young, no doubt the electrolytic treatment may in some cases rupture the sac and lead to a retrograde metamorphosis. The question of whether we shall use the needle puncture or the external electrolytic method merits but few words. The electrolytic needle

subjects the patient to the danger of peritonitis, septic absorption, shock, and chloroform narcosis. The external method is just as effective, is painless, is safe, and is less troublesome. I have, therefore, passed as direct a current as possible through the incipient tumor, with forty, sixty, or one hundred milliampères from thirty to thirty-five minutes daily. Should we find that notwithstanding this treatment, instead of gaining on the tumor the tumor is gaining on us, we may combine a strong faradic current with our electrolytic current; but if this should fail to control the growth, I should advise an immediate operation. My records show a list of 5 per cent. of cures in the early stages of these growths,—a result not remarkably flattering.

Yet, even this low percentage of probabilities will warrant us in making this attempt, providing we do not waste too much valuable time by our procrastination. In operative procedure after these treatments had failed to produce any marked or permanent effect, I have been as successful as the average ovariotomist, my successes being 81 per cent., ranging from seventy pounds downward in weight of tumor. In tumors of large size, notably the seventy-pound one, much good may be done by judicious treatment in lessening the size, and thereby rendering the operation less grave.

EXTRA-UTERINE FŒTATION.

In this abnormal condition of affairs, electricity, both faradic and galvanic, has been tried with marked success in recent years by various well-known specialists. Therefore, an extended *résumé* of the literature bearing on this subject would be out of place in this brief epitome. Both currents have been much vaunted by those who have used either to the exclusion of the other. My own preferences, both on theoretical and experimental grounds, would be in favor of the galvanic, as being safer and more certain. No doubt the faradic might be used with sufficient intensity to destroy the embryo; yet, at the same time, the intensity of the current must be such as to endanger the integrity of the viscera through which it is passed, besides giving intense pain and shock to the mother. While my experience in this direction is limited to a single case, yet I have given the subject much thought and study, and have carefully read all the pros and cons which have appeared in the periodical literature. If another case presented, I should resort to the galvanic current with the cathode in the vagina, as near the location of the sac as possible, while I would place the anode over the most prominent abdominal appearance of the tumor. I should pass a current of sixty to one hundred milliampères until satisfied of the death of the embryo, and I should expect a similar success in each case as followed in the first. The methods of conducting the case subsequently, in order to expedite the absorption or encysting of the embryo, would vary according to indications and the age of the fœtus at the time of operation, as well as the general condition of the patient.

VAGINITIS-VAGINISMUS.

In cases of acute vaginitis accompanied by copious vaginal catarrh, the ball-electrode introduced into the cavity with a moist electrode over the abdomen, and with a soft, mild faradic current allowed to flow for ten or fifteen minutes, with the *séances* occurring morning and evening, will speedily allay the irritability, contract and strengthen the relaxed mucous membrane, and restore the parts to their normal integrity. In case there are no other complications or exciting causes, a cure will result. Should other complications exist, they must first be removed by appropriate treatment, supplemented by care and cleanliness.

In case the vaginitis is of an active, sthenic type, with much vascular hyperæmia, tenderness, and tendency to abrasions and ulcerations, the ball-electrode should still be used as before; but it should be the anode now, of a mild, continuous current of five to ten milliampères, with the cathode over the suprapubic region. The *séances* should now be extended to thirty or forty minutes, or, still better, two or three treatments of fifteen or twenty minutes each should be given daily.

This course of treatment, if persisted in for a few weeks, with a general conspectus of the hygienic regulations, etc., will result in a satisfactory cure. Of course, cooling, demulcent drinks, light food, cleanliness, and pure air, combined with general tonics, etc., are indicated as such regulations. Should paracytes, hæmorrhoids, rectal disease, or constipation exist, these must be removed before a perfect result can be reasonably expected. The same is true of cystic, hepatic, or menstrual troubles, procidentia, etc.

If self-abuse be the cause of the vaginitis, it goes without saying that reformation is absolutely necessary before a possibility of a cure can be promised; for so long as an exciting cause is allowed to remain, our efforts at cure will be futile. I am aware that reformation is not to be expected in old, confirmed cases, unless great stress be laid on the absolute necessity of the abstinence, and even then we may be compelled to give such internal remedies and sedatives, and to use such treatments, measures, or surgical interferences as will lessen the flow of arterial blood to the genitalia, and quiet the cerebellum, base of the brain, and spinal cord. Where the vaginitis has been allowed to run on until vaginismus is the result, the cure is then more difficult, prolonged, and painful.

In these extreme cases a very small vaginal electrode, with cathodal attachments, and having been well lubricated with a 5 per cent. oleate of cocaine, may be placed at the vaginal orifice, while the anode is over the abdomen. Allow a current of from six to twelve milliampères to flow for fifteen or twenty minutes, meantime gently rotating and insinuating the electrode until it passes through the irritable sphincter into the vagina. Let this process be repeated daily, or, better still, twice daily, morning and evening, until completed resolution supervenes. The same direction in regard to cause, complications, general medication, and hygienic regulations may be given here as above. When, in rare instances, the vaginitis has continued until deep interstitial inflammation has resulted, with deposit of dense, adventitious tissue and occlusion or atresia vaginæ follows, the course last described may be pursued, except that, should much tenderness or hyperæsthesia exist, the vaginal electrodes may be made alternately positive and negative every few moments, as the *séance* continues. After a moderate amount of dilatation is obtained, and the hyperæsthesia subsides to a great extent, the anode may be used over the sacrum and the cathode within the vagina, with progressively stronger and stronger currents as the tissues will bear, until twenty or thirty milliampères are reached. These *séances* should be continued until all atresia has disappeared, as well as the deposits from the circumjacent tissues, until the vaginal mucosa appears rosy and healthy, and all pelvic irritability ceases to manifest itself. When this is accomplished, general pelvic faradization may be resorted to and continued as a prophylaxis for months, occasionally combined with a low-power galvanic current as a general alterative and reconstructive. In these latter maladies my percentage of cures has been 100 per cent. It is but justice to add, that all cases of specific contamination, all malignant growths, etc., have been excluded from these figures, as their insertion would vitiate the whole ratio. It would be a palpable injustice to include diseases which are always incurable and those which are usually incurable in the same category with those which are nearly always curable, in order to determine the ratio of curability of these latter. In cases of cancer and syphilis, I have used the electric currents with more or less temporary benefit, but have not observed any superiority over orthodox methods to warrant me in giving space to the reports in this article.

MASTITIS.

In mastitis, either acute or chronic, we possess a very potent agent for good in the various electric currents. Whenever an acute mastitis in its commencing stage, or stage of invasion, is seen, it may in nearly all cases be cut short at once by placing a large porous anode, moistened with an aqueous extract of aconite, lobelia, or stramonium, over the offending gland, and while the cathode is at some indifferent spot, preferably the occiput, allow twelve to twenty milliampères to flow for thirty or forty minutes. Should febrile symptoms appear, they must be controlled by appropriate internal remedies. In the meantime the exciting cause of the mastitis must be sought out and removed. In using narcotic fomentations at the anode, much care must be exercised lest we drive too large a quantity into the circulation, and thus produce toxic symptoms. These measures, if carefully, skilfully, and persistently used, will abort or control nearly all cases of acute mastitis, in any stage before pus has actually formed. When treatment is delayed until suppuration has supervened, there is but one recource left,—that of evacuating the pus thoroughly, and then using the anode over the gland until the healing process is completed In subacute or in chronic mastitis, if the gland be hard and indurated, with subnormal inflammatory symptoms and circulation, with a vitality considerably below

par, the cathode may be applied to the glands alternately, the anode over the opposite one, with a moist cover charged with an iodide. In this condition of affairs the current may be stronger than in acute mastitis; here from fifteen to twenty-five milliampères will not be found inappropriate; it may be allowed to flow for thirty-five to forty minutes with benefit, and will in all cases expedite the resolution.

The same method may be used with great advantage in cases of non-puerperal hypertrophy, but, in case there is active circulation, the anode must be placed over the hypertrophic gland. In case of atrophy, faulty or non-development of the mammary glands, great benefit will almost certainly follow the systematic use of the combined currents with the cathode of the galvanic factor over each gland successively, and the anode at the occiput. The galvanic current may register from fifteen to twenty milliampères, and the *séances* may vary from thirty to forty minutes.

In faulty lacteal secretion, we may also regulate the flow to a greater or less extent in nearly all cases where a careful and judicious selection of current is made. When there is an abnormally large amount of lacteal fluid secreted, the trouble may be readily controlled by using a large, soft, flexible anode over the offending gland, with the cathode at the occiput, and passing a low-tension current of from eight to twenty milliampères for half an hour through the organ. Should the opposite state of affairs exist, the indications are for the cathode over the breast, with the anode at the occiput, with a current somewhat stronger than the preceding, ranging in power from eighteen to thirty milliampères. This should be passed at frequent intervals. When these measures are pursued with intelligence and reasonable circumspection, the result will almost invariably give entire satisfaction in appropriate cases. Of course the general system must be supervised, and all appropriate medication supplemented as indicated by the existing conditions.

In this necessarily hasty and disjointed *résumé* of the subject of electro-gynæcology, I have failed to bring out many important facts, and I have entirely omitted many diseases from the list. Much that would have been interesting and useful I have, for want of space, left unsaid. Only in a hasty, unstudied manner have I attempted to group symptoms, conditions, and morbid processes, and to indicate in a plain, untechnical manner, so that the inexperienced electrician may comprehend the variety, quality, quantity, or combinations suitable for given cases. If I have succeeded in elucidating some obscure point in the domain of electro-therapeutics, in so much that a single busy practitioner, who has no time to familiarize himself with the entire subject, may be the better prepared to wage the endless war with disease and death; if I have condensed, simplified, or outlined a course of procedure; if I have made plain by a simple concensus of classes of cases which in the standard works have been rendered obscure by excessive though necessary verbiage; if I have done all, or any of these, I have been amply repaid for the moments I have snatched from a busy practice so to do.

CONVENIENT METHODS FOR DETERMINING THE ACTIVITY OF THE DIGESTIVE FERMENTS.

LABORATORY investigations for testing the activity of the digestive ferments are not so complicated that the general practitioner cannot undertake them, and some suggestions as to convenient methods for this purpose will no doubt form an acceptable item of information. There is the greater reason for this from the fact that so much is expected, or rather the demand for effective medication in this direction is increasing to such an extent that the temptation to place upon the market inferior products is one of the growing evils. The so-called physiological remedies are rapidly coming to the front, and it is but right and proper that those who prescribe these preparations should have some practical as well as theoretical knowledge as to their value, and the most convenient method is by means of the test-tube, as an experiment preliminary to their administration. The fact, however, should not be overlooked that test-tube activity is not always a *sine qua non* of gastric or intestinal activity, as there we have other factors to deal with in the nature of foreign material, such as the normal and abnormal secretions, besides the various elements comprising the food. If the ingesta contain sugar to any considerable extent, and the conditions are favorable, there will follow the formation of lactic acid, but this remedy has lately been highly recom-

mended for the treatment of diarrhœa characterized by green stools. So in this matter we have a consolation in the belief that Nature is always conservative. When to the sugar is added a little cheese, and intestinal irritation develops, the physician innocently may give a little of the ordinary chalk-mixture, and if other conditions are favorable there will follow the formation of butyric acid, and this may accumulate to such an extent that it will be exhaled through the skin, causing an extremely offensive odor to emanate from the body. The development of sulphuretted hydrogen frequently takes place, and is a phenomenon well recognized. From what has been said it will be evident to the most casual observer that test-tube value and clinical value are two very different conditions, and shows the necessity for certain favorable conditions in the economy ere the digestive ferments can be applied with success, or even with advantage, to the patient. These conditions may be modified to a great extent by a proper regulation of the diet, and where constitutional disturbances exist they are to be met and overcome by the adoption of suitable measures.

Both pepsin and pancreatin present certain physical characters which enable us to make an approximate estimate as to their abstract value, and the points embraced in this study may be stated in a few words. To study the action of pepsin, it is advisable to procure samples of several different kinds, and have a small quantity of each,—say, one-fourth of a grain,—separately weighed and marked to avoid confusion. The next step is the preparation of a quantity of coagulated egg-albumen,—a simple procedure. For each sample of pepsin take about one thousand grains, or say two ounces, of the white of an egg which has been thoroughly boiled, and, after passing through a tolerably fine sieve to break it up, add about six ounces of water. To this should be added the pepsin, together with a few drops of dilute hydrochloric acid, when the mixture is ready to be placed in a water-bath, in which it is to remain for the period of two, four or six hours, the temperature in the meantime being kept at over 100° Fahr. The activity of the different brands will be indicated by the proportion of albumen which disappears, this substance being converted into soluble peptone. At the expiration of two hours the greater portion of this substance should be thus converted, and for all practical purposes this is the limit of time to which the peptonizing process is to be considered, as the food usually passes the pylorus at the expiration of two hours, and there, coming in contact with the intestinal alkaline secretions, the proteolytic action of pepsin is destroyed. In this connection it should be mentioned that the odor of the preparation is to be taken into consideration, as our patients rebel against anything which is offensive to the olfactory organs. Pepsin, as a rule, is not entirely free from mucus, and to prevent its decomposition salt is used, and the presence of this ingredient may be easily determined by adding to a small quantity in solution a few drops of a weak solution of nitrate of silver, which causes a cloudy precipitate. We might infer from this that a lack of odor indicated a large quantity of chloride of sodium, but such is not the case, as the absence of mucus depends upon the care which is exercised in the preparation of the article.

Pancreatin, on the other hand, being an agent requiring an alkaline media for its activity, will demand a different plan, and we shall refer to only two simple processes, both of which may be conveniently utilized. The first consists in the use of this remedy for the peptonizing of milk, and is as follows: To a half pint of good sweet milk add about a drachm of the liquid pancreatin or a corresponding quantity of the powder, together with twenty grains of sodium bicarbonate, placing the vessel containing the same in a water-bath at a temperature of over 100° Fahr., where it is to remain for the period of half an hour. If the remedy possesses the requisite activity it will be found, at the expiration of this period, that the milk has acquired a peculiar bitter taste, although at this time it is not particularly objectionable. It may now be tested by means of hydrochloric acid,—a remedy which, under ordinary circumstances, would quickly cause coagulation of the milk; but when the peptonizing process has sufficiently advanced it will be found that the acid has the effect of producing simply a light, flocculent curd, not at all inimical to the processes of digestion. Milk prepared in this way is an excellent remedy in many affections when it cannot be taken into the stomach on account of the tendency to coagulate and cause pain and vomiting,—a condition often found to exist in young children and in others suffering from either

acute or lingering illness. Another test is that of noting its action in the presence of starch, and is to be conducted as follows: Having procured several samples of those preparations which are claimed to take the place of the pancreatic secretion in the digestion of fats and starch, prepare a quantity of starch by boiling, adding a sufficient quantity only to make a semi-solid mass. Take an equal portion of this starch-mass for each of the different brands of pancreatin, and when the temperature has been reduced to the proper point a reasonable supply of the different preparations of pancreatin should be added, and thoroughly mixed while warm. The relative activity of the preparations will be shown by their ability to liquefy the mass. It is not necessary here to add any sodium bicarbonate, and, in fact, this experiment indicates a condition which is somewhat remarkable in view of the instructions we have had regarding the most suitable media for obtaining the best effects from pancreatin. The reaction is acid. The starch is supposed to be neutral; the pancreatin is alkaline, but as the amylolytic action proceeds the litmus test shows that it has become acid in reaction.

ANTIPYRINE VS. ANTIFEBRINE.

By JAMES M. FRASER, M.D.,
MILESTOWN, MD.

SINCE the discovery of antipyrine and antifebrine, quinine has been placed on the "retired list" of antipyretics, and it is now almost impossible to pick up any medical journal without finding in it numerous references to one or other of these drugs. I have never yet seen the merits of the two compared; in fact, antifebrine is almost invariably passed over to give, in my opinion at least, undue prominence to antipyrine. During the past year I have used both drugs quite extensively, and can unhesitatingly say that antifebrine is decidedly the safer and more efficacious of the two. At the outset I used antipyrine exclusively, but it proved such an uncertain and unreliable agent in my hands, and in a number of cases caused such unpleasant and alarming symptoms, that I abandoned its use entirely in favor of antifebrine. I have been prescribing the latter almost every day during the past eight months, and have yet to find the first untoward symptom following its use. The dose is smaller than that of antipyrine, and, although its antipyretic effect is not so soon obtained, it continues for a much longer time, and *is not followed by prostration.* I have had most alarming collapse follow in several cases the administration of a single dose of antipyrine, but nothing of the kind has ever followed the use of antifebrine. In typhoid fever it is of inestimable value, and I have invariably found the greatest possible amelioration of all unfavorable symptoms immediately follow its use. The temperature is reduced from 2 to 2½ or 3 per cent., the pulse lessened in frequency and fullness, headache diminished, diarrhœa improved, kidneys act better, and the skin, instead of being hot and dry, is moist and comparatively cool. Since November, 1887, I have had thirty-eight cases of typhoid, three or four being extremely bad, without a single death, and I can confidently assert that in every case the condition of the patient was much improved by the use of antifebrine. I find nothing so promptly and effectually relieves the obstinate and distressing vomiting so frequently present in remittent fever as antifebrine in five-grain doses. I have used it with good effect in a number of cases of migraine and facial neuralgia, and in a case of epilepsy in a girl of eighteen, which had withstood all the usual remedies and brought me almost to the verge of despair, it worked wonders, controlling the paroxysms as nothing else had done. In this case I have continued its use for some time, giving five grains three times a day, and the paroxysms were gradually lessened in frequency and severity. When I began its use the paroxysms came on every afternoon, and continued almost without intermission until the following morning; but it is now two months since the last attack, and my patient is rapidly gaining in health and strength and feels better than for many months. I have also used antifebrine in the vomiting of pregnancy in several cases, but not, I must say, with any marked benefit except in one case, in which the vomiting was completely controlled by the first dose. In a case of measles recently under my care, in which the symptoms were really quite alarming, it acted to perfection. I was not sent for until the patient—male, æt. thirty-four—had become seriously ill, and I found him with a temperature of 106⅗°, pulse 140, wildly delirious, requiring to be forcibly held in bed, and his whole body covered with the eruption. I ordered antifebrine, gr. v., at once, to be repeated in an hour, and after that

every two hours until six doses had been taken.

I saw him again about five hours after the first dose had been given, and found a very decided improvement in the symptoms. The temperature had fallen to 102⅘°, pulse to 106, the patient resting quietly and perspiring freely. He improved rapidly from that time, and in a few days was convalescent. This, of course, is but an individual opinion as to the relative therapeutic value of the two drugs, and my only object in writing the paper is to pay a tribute which I consider to be justly due to that much-slighted but highly-useful drug, antifebrine. Is it to be wondered at that, under the circumstances, I pin my faith to it as an antipyretic in preference to antipyrine?

INFANT FEEDING.

By E. CHENERY, M.D.,
BOSTON.

THERE are a few points connected with infant feeding which, though often alluded to, are not, in my way of thinking, emphasized as much as they should be. I grant that cows' milk, in the main, must be our substitute for mothers' milk, and its successor in all cases after weaning.

It should be emphasized that cows' milk is, as a rule, *over-acid*, as compared with mothers' milk. Stomach digestion being acid and the intestinal digestion being alkaline, nature has furnished in the pancreatic fluid an alkali to effect this change. But the work not being great when mothers' milk is used, the infant's pancreas is only developed sufficiently to neutralize the fluids going forward from the stomach when normal mothers' milk in suitable quantity is taken. Hence, too frequent feeding, too excessive feeding, feeding with too fermentable or too acid food, and with cows' milk which is more than a few hours old, is fraught with exceeding risk to little children.

The fault with cows' milk is, for the most part, not a *natural* fault. That it has an excess of curd is granted, but does that necessarily do harm? Many a countryman has raised his children on cows' milk. Dr. James Lynde, of Athol, Mass., has for years had phenomenal success in bringing up infants on whole, undiluted cows' milk, and believes it the very best substitute for breast milk anywhere to be found. His success is a demonstration that the excess of curd in cows' milk is *not* its fatal fault.

1st. The cow is largely an animal filter, and *drips out what is put into her*. You must go back to what she is fed on,—her food, drink, and air. She must have pure, fresh air, and that in abundance. No crowded sheds, nor filthy, closed barn, or filthy, stinking yard, or place in close proximity to a hog-pen, can produce milk fit for children. Too much care cannot be taken to furnish the cow with the purest water,—not stagnant nor bog water, but such, and such only, as is fit to be taken by ourselves at first hands. If this matter was looked up we should be astonished at the fault just here. Then the cow's food should consist almost wholly of good, sweet, upland grass and hay; bog grass and hay, the browse of forests, grass of swales,—indeed, of all low, wet lands,—must be excluded. We can tell at once when cows have broken into the woods. It is next to impossible to use their butter when they have gone on to the marsh or have got at thatch. Apples, turnips, and various garden products injure the milk. All sour stuff, as swills, wastes from breweries, etc., poison the milk. I believe but little provender can be given to milch cows without injury to their product, especially in producing too much acidity. I am sure this is the case with corn-meal. I should like to have some one, under controlled circumstances, make comparison with milk from purely grass- and hay-fed cows, and cows fed on, or partly on, different provenders. I think this would prove an interesting field for experiment, the result having special reference to milk for baby feeding.

2d. A large portion of cows' milk is unfit for use for children because of the length of time which has elapsed since it was drawn before it can be used. It is too old. The milk of properly kept and fed cows is not really acid at first, but inclines to acidity, and in a few hours, especially in warm weather, becomes decidedly so, and cannot be used. To be fit for an infant the milk must be freshly drawn, as milk cooled down at once and kept cold, and not used after the next milking, when it is sultry and the air electrical, even this is too long unless the milk will bear scalding. These hot, murky days are the ones which are so often followed by cholera infantum. In nine cases out of ten, however, it is the improper food put into the child's stomach that causes the disease. Only rarely is the disease caused by the direct reduction of the system by the heat. The food

is sour, or nearly so, and its fermentation in the bowels is the necessary result. Thus, heat on the outside and fermenting food within constitute the upper and nether millstones between which hapless infants are ground to powder. The curse, then, of our large cities is old milk from the country, and the bad stuff produced for milk in the immediate suburbs.

3d. To these two things must be added a third,—the *doctoring* of the milk by the trade. Said our chief milk handler to me, "The people would not be satisfied with pure milk; they would return it as bad. Moreover, we cannot handle it, for it will not keep." If, then, milk producers' milk will keep twice as long as natural milk, what effect must these preservative agents have on digestion? The fact that caramel—used to give a creamy, rich color to the milk after the cream has been taken off to go another way, or to be sold for five to six times the price of milk—is a product from sugar has led to the belief that it is as harmless as sugar. But caramel is a form of coal from sugar, made by action of a temperature twice that of boiling water, which displaces a portion of the water of its composition, making it an antiseptic agent. That it interferes with the process of digestion I firmly believe. Moreover, milkmen's milk is not whole milk. It has been watered to an eighth or a sixth of the quantity, at least here in Boston. Presumably the same tricks of trade are practiced in other places.

Cows' milk being the next best to breast milk, yet what are we served with? Who wonders that it is impossible to raise artificially fed babies in our cities? If it is next to impossible to raise them in great towns, there is but one thing for their mother's to do,—take the next train for some country hill-side and sit down by the cow, with her baby in her arms. If pure, fresh milk cannot be served to the baby in the city, the baby can at least, and ought, to go to the cow in the country. I have practiced years in the country and I have practiced years in the city, and I am emphatic that this waste of infantile life in the city is chargeable chiefly to the unfit cows' milk with which the city is supplied, and to the other thousand-and-one less natural substitutes to which the city-milk fraud has driven distracted physicians and parents; for, practically, no fit, fresh cows' milk is supplied to our cities. The argument of the fitness or unfitness of cows' milk for infant feeding must, then, turn upon the milk as it should be, and not upon the stuff that is sold for it. Supposing mothers' breasts could furnish abundant milk, and we should feed the mothers and care for them as dairymen generally care for their cows, and then milk them yesterday morning and last night for milk for our babies to use to-day and to-night, and skim and water and treat it as cows' milk is treated before it reaches the children dependent upon it, what better would they be off for having mothers' milk? Any one can see the absolute absurdity of feeding children upon it—upon old, changed milk. Cows' milk is a necessity, but it is equally a necessity that "if the mountain will not come to Mohammed, Mohammed must go to the mountain." The cow in New Hampshire and the babe in Boston is an absurdity. Take the baby to New Hampshire, and not the cow to Boston.

But supposing the child cannot be taken to the upland country, what is to be done? I see no way but that a system of special milk supply for infants must be established, by which good cows, properly fed and cared for, shall be kept a short distance from the city, near the railroad, and the *milk at once cooled, canned, and brought and distributed night and morning directly to the houses where the children are.* A well-superintended special milk supply of this kind, while it would enhance the price of milk for the babe, would yield tenfold profit in the health and life of these little ones. It is morally certain that infants cannot be reared on the milk now furnished by the trade. Here there is a rich field for philanthropy to cultivate in the inauguration of such a system, and the exclusion of bad milk and the other countless substitutes the present unwholesome milk has made necessary.

65 CHANDLER STREET.

CANCER OF THE KIDNEY.

BY JULIUS WESSELOWSKI, M.D.,
JEWELL CITY, KANSAS.

MARCH 22, 1886, while practicing in Little River, Kansas, I was called to see Jennie Y., a child aged five years. She was suffering a great deal of pain across the abdomen. To relieve herself, as she was an extraordinary smart child, she would bend across a chair, keeping this position for hours. Her parents are both healthy. There are ten children in the family, with no syphilitic

taint or cancerous cachexia. The parents told me that the child had been ailing for about three months. On examining the patient, I could detect nothing of any significance, the pain being in the region of the gall-bladder, and in conjunction with an icterous complexion. I made up my mind it was a case of biliary calculi, and prescribed accordingly. The pain was subdued, and the child became apparently better. I heard from the case from time to time, and the report always was that Jennie was slowly getting better.

On April 27, 1886, I was called again, and the child had changed materially. At my first visit she was in comparatively good flesh, but on April 27th she looked thin and emaciated. The parents told me that they had to hold the child most of the time, as in that way she would feel easy. Her appetite was tolerably good. I prescribed a tonic, and told the parents to give the first medicine if the pain came on again.

I continued my visits daily till May 2, 1886. On that day I noticed a prominent bulging of the abdomen, the child coming under the category of "pot-bellied" children. As I could not see any improvement in her condition, except that the pain was very much less, I asked for counsel, which we had on May 6, 1886. Previous to that day, I examined the patient's urine, but could find nothing except a large quantity of phosphates, there being no albumen, blood, or pus. Drs. Lang and Doick, now deceased, both of Ellsworth, Kansas, were called in consultation. Both gentlemen examined the patient, but could not come to any positive diagnosis. Owing to the enlarged abdomen, which interfered with respiration, we aspirated and withdrew about half a gallon of blood. I believe we could have taken double the quantity, but Dr. Lang wisely remarked, "I do not want the child to die on my hands," and withdrew the trocar. The case went on from bad to worse, the child being now a mere skeleton. On May 16, 1886, the child died, and in the afternoon Dr. Bragg and myself held the post-mortem. Let me state here that the temperature was never above 100° during her whole sickness.

Post-mortem.—Right lung normal; left lung slightly contracted; heart normal; peritoneum infiltrated with patches of blood; right kidney normal; left kidney very much enlarged. On trying to remove the same we had to cut the transverse colon, as the kidney was adherent. We also found solid adhesions with the small intestines. On opening the kidney we found it completely degenerated by cancer of the soft variety, the renal vein being destroyed by the destructive process. I had examined the child many a time, but could never detect any evidence of a tumor. The ductus communis choledochus was partially closed and the gall-bladder twice its normal size. The weight of the kidney was two pounds and eight ounces.

HYSTERIA.

I THINK that I have a right to be heard on the subject of hysterics, for I married the worst hystero-epileptic that I ever saw, and she got well. I heard a darkey say once that he kissed a cow and the cow died. I hardly think, though, that the implied logic in his case is as good as that in mine.

When such papers on hysteria as Mills', in the "System of Medicine," by Pepper, are accessible to the student and the scholar, a systematic discussion of the subject can hardly be said to be needed; yet I think that a discussion of some of the clinical points in so frequent a disease will be profitable.

We must first of all banish from our minds the idea that hysteria is the product of uterine disorder. It is a functional disorder of the cerebro-spinal system, associated with a loss of will power. Peget puts it very tersely when he says, as quoted by Mills: "They say 'I cannot;' it looks like 'I will not;' but it is 'I cannot will.'" These patients are intensely reactional in their reflexes and in their psychical make-up; and their power of volition being so feeble, they cannot restrain their mental and bodily behavior.

The ancients were away off in their ideas of the pathology of hysteria. They believed that all the phenomena of hysteria were caused by the uterus, which they believed to be like a separate animal, and capable of wandering around in the trunk at will. The phenomena of globus hystericus they explained by saying that the uterus had ascended into the throat. Suydenham believed that all hysterical phenomena were produced my motions of the animal spirits which were supposed to surge around the body in an unaccountable way. Hippocrates believed that they were caused by strangulation of the uterus. Chroback

believed them to be caused by movable kidneys.

The pathology of to-day, if free from the nonsense of the ancients, is very nearly equally free from any kind of sense. In other words, we have no certain pathology in this disease. Two theories—the vaso-motor and the dynamic—are the most generally accepted. The former supposes, with some show of reason, that the blood-vessels in circumscribed areas undergo contractions and relaxations, thus mechanically producing disturbances in nerve functions. The dynamic theory supposes simply functional disturbance of nerve action. The fact is, we don't know much about its pathology. There is no doubt in my mind, however, that certain mental traits have much to do with it.

Hysterical subjects are emotional. Little things bring them to tears and to laughter, and these conditions frequently succeed each other rapidly. It is that class of people who work themselves up into a religious frenzy, and have the "power." (This last remark is made without any wish to reproach religious zeal. I admire godliness, but not foolishness.) Also, the will-power in these subjects is insufficient to maintain moral and physical equilibrium.

The most frequent symptoms and signs of hysteria are laughter, weeping, globus hystericus, tympanites, the voidance of large quantities of limpid urine, clavus hystericus, imagined pains, and deceptions to gain sympathy. But there may be added to this list a long train of symptoms, varying in severity all the way from the imitative winking and shrugging of shoulders seen in children to the violent opisthotonos of the hystero-epileptic.

Laughing and weeping, without any assignable cause, even by the patient, constitute but mild attacks of hysteria. Globus hystericus is the sensation of a foreign body in the throat. It is probably produced by a spasm of the laryngeal and pharyngeal muscles. It is always attended with a dread of suffocation. A woman in hysterics will almost always claw her throat, and claim that she is choking to death.

Tympanites results from the decomposition instead of the digestion of food. This symptom does not always occur, and I do not believe that there is any well-marked causative relation between the two. In those cases in which it does occur, there was probably paresis of the stomach or bowel, before the hysteric attack came on.

One of the most constant signs of hysteria is the voidance of large quantities of limpid urine. Yet I have seen complete anuria, usually following polyuria. The patient would try and try to urinate, but could not. Upon passing the catheter, not a drop of urine could be found. There was none there.

Clavus hystericus is another common symptom. The term is used to designate a severe boring pain in the top of the head, as if a nail were driven into it.

Peget says that the imagined pains of hysterics are most frequent in the hip and knee. I have seen one case in which the patient would cripple around and cry with pain in the hip, but if the attention were pleasantly diverted she would be as spry as any one.

Most hysterics are possessed of an insane desire to deceive and to obtain sympathy. They often succeed in both. One of my first cases of hysterics claimed that she had a uterine tumor. She had a "spell" one day, and sent for me to come to see her. She showed me a vessel nearly full of urine, in which was floating some animal membrane. She seemed to be in great distress in the uterus. I was fooled. I thought she was suffering with membranous dysmenorrhœa. I took the specimen home with me. I suppose the patient was tickled. The next day she claimed to have passed another portion of the tumor. It was a chunk (about one cubic inch) of beef and cartilage! It had clean-cut sides. I pretended to bite again, telling her that I should examine with a microscope to determine its histological structure. A few days later she came to my office to inquire about the tumor. I told her it was beef, put in there to deceive somebody, either her (?) or me. She denied all knowledge of it, but behaved like a convicted criminal. The membranous portion was aponeurosis from the flank of the beef. My readers may be anxious to know whether I held the case or not after this. I did; but she proved to be a "dead beat!"

In another of my cases the patient would be quiet a long time when in my presence alone, but if some kind (?) neighbor-woman came in she would at once have a violent convulsion. I became a little disgusted with the patient for trying to show off in that way. I do not mean that the convulsions were all put on, for they

were not; but the patient did not try to restrain them. It is like a man standing on a beam within reach of support. He need not fall, but if when his equilibrium is disturbed he makes no effort to save himself, he falls.

Other deceptions are performed by producing hemorrhages from mouth, nose, eyes, ears, or some part of the skin. They can sometimes be detected in this by covering the part wounded with tin-foil, which will show the pin-holes made through it.

Hysterical vomiting is very distressing to the patient and aggravating to the physician, because it is so intractable. In one case I have ceased to try to do anything for it. The patient will vomit and vomit, until she vomits blood-vomit for days at a time. This case had unusually severe convulsions, and I gave her chloroform to control them. She always claimed that it was the chloroform that caused the vomiting. I knew better. At other times, when I gave her no chloroform, she would vomit just the same.

Convulsions and cramps are very common signs of hysteria. They are of all degrees of severity,—sometimes only a cramping of the hands or the feet, sometimes general convulsions, with loss of consciousness. The pitiful wringing of the hands, and persistent appeals for help, and declarations of impending death are terrifying to the friends, but need not be feared. The violent convulsions are still more terrifying. There is something peculiar about the cramps in the feet. The flexors in the leg, on the tibial side, contract with so much force as to flex the foot violently and to invert it, thus causing the soles to face each other. This process is aggravated in hystero-epilepsy, the adductors of the thighs participating, and crossing the legs. In my own practice I have seen this well marked. The cramps always began in the feet, ascending gradually to the spine; then a rapid and general convulsion followed. The hands would be clenched, with the thumbs in the palms, the hands flexed upon the forearms, the forearms upon the arms, and then the whole arm would be thrown behind the back, and opisthotonos would follow. The last position would not be long retained, but the body and members would writhe so as to make it difficult to keep the patient upon the bed. These convulsions would last from one to five minutes.

Nymphomania sometimes occurs in hysterical cases. I have seen one such case.

I have seen one case of hysterical aphonia. There was complete aphonia for about six weeks, if my memory serves me correctly. This patient once before had a similar attack, she told me.

Mimicry is a novel phase of hysteria. It consists of an uncontrollable impulse to do what another is doing. It is illustrated in the "power" which one after another will have in a revival or camp-meeting, and in the imitative winking of children. It is also seen in the performances of the Salvation Army.

A few summers ago, I was called into a girls' boarding-school to see a girl who was crying and laughing in alternation. Of course it was hysteria. In this much there is nothing of special interest. But there was another girl in the same room who, possessed of hysterical mimicry, began to laugh and cry, too. More extensive illustrations of this malady were afforded by the dancing mania of a hundred or more children in Erfurt, in 1237; by the dancing mania among the men and women in Aix-la-Chapelle, in 1374, where they formed circles and danced until they were exhausted; the jumping mania, which began in Yvertet in 1550, and was prevailing in Britain in 1760; the convulsionnaires of Paris in 1731; the child pilgrimages in 1212; and the Salem witchcraft of our own New England in 1690. (See Mills' paper in Pepper's "System of Medicine" for a fuller description of this phenomenon.)

One might infer from this paper that all my cases had been among females. They have not. I was bothered last summer by a case of globus hystericus in a male for about six weeks; and he is another "dead beat!"

ALMA, MICH.

*CORSETS.**

BY EDWARD SMITH, M.D.,
OXFORD, KANSAS.

A WELL-WRITTEN article in a non-professional journal on the corset as a pathological factor recently attracted my attention.

The writer, while condemning corsets, also condemned the medical profession for its "cowardice,"—this is the language of the writer,—in failing to do its duty in waging war upon this giant evil.

I am fully aware that this is a well-worn subject, and that much has been written and

*Read before the Sumner County Medical Society at Wellington, Kan., March 18, 1887.

spoken upon it by men and women of all classes and professions. Dress-reform societies, societies for the physical culture of women, medical societies, and editors of all classes of journals have inveighed in a superficial and desultory way against the corset, and the servile submission of woman to the demands of a fashion which in China pinches and deforms the feet, but in our country deforms the whole body and produces irreparable physiological injury. I deny the charge of cowardice against the medical profession, but am willing to admit it has not prosecuted the war against this evil with the faithfulness, perseverance, and system that would become it as the guardian of the health of the people. Notwithstanding our individual failures, the enemies we make, and the witticisms that are aimed at us, the masses of the people look to us for guidance in the supreme question of health. In my view, the deformity of the body—I mean a compressed waist—is the least important of all the results of the use of the corset, when considered in the abstract. If the lungs are denied the room to develop and expand in one direction they will seek room in another, and, if the room be found, development will go on and their function be performed in a normal manner, notwithstanding the change of form. Notable instances of this is seen in the cases of hunchback. The liver also is seen to possess this Protean power of adaptability, and to perform its function quite well, though much distorted in shape. The rise and fall of the female bust in respiration is often noted, and standard works on physiology and gynæcology allude to it as a normal phenomenon. But I am constrained to take issue with the authorities and to deny that there is any physiological or anatomical reason for this difference in thoracic action between women and men. It is solely and entirely due to the pressure of the corset, or to a habit engendered by the corset. Now, I hold that by far the most important effect of the use of the corset by growing girls is the arrest of development in the abdominal viscera.

It is a well-established physiological law in both plants and animals that nutrition, with growth and development, depend largely on motion, in order that the nutritive fluids may flow with activity. Now, in the case of the growing girl with a corset, the unyielding compression at the waist suspends the action of the diaphragm, and thereby arrests the normal motion of the abdomen, which nature designed should be constant. Circulation is retarded, consequently nutrition and development are held in abeyance, and we have thus opened a Pandora's box of evils, which such an act necessarily and inevitably produces. Deprived of a free supply of its normal nutriment and compelled to lie quiescent, the intestinal tube becomes a delicate ribbon, almost without life and motion, and without sufficient muscular power to propel its contents forward. As a result of this condition we have constipation and all its attendant evils, such as a distended and paralyzed rectum, piles, pruritus, a dry and malodorous skin, loss of energy, soured disposition, and perhaps the very bad habit of taking powerful doses of cathartic medicine. The undeveloped uterus, doubly unfortunate in such surroundings, fails from sheer inability to do its duty, and, before the girl has fairly menstruated the first time, she has suffered all the tortures accompanying the various forms of dysmenorrhœa. For these troubles the family physician is consulted by the mother, and more or less futile treatment is given to cure the disease, without removing the cause. If the physician does happen to advise the removal of the corset he is met with the argument, "Doctor, my daughter only wears her corset to support the breasts, and it is so very loose that it cannot possibly have any connection with the menstrual trouble." If the doctor will insist on personal inspection, he will find the corset very much tighter than he could by any possibility wear himself. But only in the presence of impending death will he be able to have it laid aside, and then only for a short time. By and by, in the natural course of uterine events, the poor, sickly organ becomes impregnated, and undertakes the—to it—gigantic task of reproduction. It is often too much, too great an undertaking, and after some weeks of sickly and sickening effort, the discouraged and overtaxed organ, recognizing its inability to perform the duty assigned it, refuses to make further effort, and discharges its contents into the outer world. The woman and her husband are sometimes grievously disappointed, and maybe the physician unjustly censured because he failed to prevent the abortion. It is again impregnated, and after months of care and solicitude the delicate womb is carried through the full period of gestation, and with the birth of the child the mother rises

from her accouchement all too quickly, and at once joins the great and unnumbered army of women with diseased uteri. For the remainder of her sojourn on earth she is a patient martyr, paying in aches and pains the penalty due to outraged nature, and reaping the sure reward of her folly in obeying the behests of a senseless and suicidal custom.

To return to the question of deformity. A small waist would not be objectionable, if normal, but the corset has arrested the development of the muscles of the trunk, and the shoulders, being without natural support, droop forward and hang upon the steel-ribbed jacket, making still further pressure upon an already sadly misused abdomen. These factors, in conjunction with high-heeled boots, destroy every normal curve of the spinal column, and present to the eye of the observer a deformed and ungraceful creature, a hundred instances of which can be seen any day on the streets of your city.

I claim that this picture is not overdrawn, and that only a few points have been touched upon in a subject about which a volume might be written. All cases of deformity are not exaggerated, but I believe that every case of corsets worn in adolescence is a case of deformity.

I hold that physicians, being the only members of society who fully understand and appreciate this question, should make unceasing and systematic endeavor to abate the evil. In closing this paper I will make a brief report of a recent case. I was hurriedly called to a young lady of seventeen, who was suffering severe pain in the hypogastric region. In stepping a height of fourteen inches with a heavy object in her hand a downward displacement of the uterus had occurred. My first care was to loosen the clothing, but on reaching the corset I was unable to unbutton it on account of the great tension, and was compelled to use my knife. Still, when able to talk about it, she averred that it was not tightly laced, and that she had never so worn it. The displacement was due solely to the terrific pressure of the corset, supplemented by the action of the abdominal muscles in lifting the weight. There are many causes at work to produce physical deterioration in the future mothers of the country, but I believe this one cause is more potent than many others, not excepting high-pressure education.

Many wives and mothers are doomed to a life of hardship and labor, and this must be so. Let us, who are fully informed of the miseries of our women, do what we can to abate this curse, for I can call it by no milder name.

SCIATICA CASES.

By ELIAS WILDMAN,
YARDLEY, PENNA.

CASE I.—Mr. DeV., age 55, a gentleman who had, during his life, been a rugged, healthy man, was taken with sciatica, and, suffering from its violent pains, I was called to see him on April 1st. He had then been suffering for ten days, growing gradually worse each day. He complained of taking so many different remedies, saying he was tired of medicine. The symptoms were well marked and violent, there being an aggravation of symptoms after midnight. He was then constantly wishing to change his position, first to sit up, then lie down, tossing from side to side in his bed.

I placed him immediately under syr. hydriodic acid (Hostelley's), ʒj doses in water, every two hours, increasing dose after it had been taken two days. His attacks became less violent, shorter in duration, and, after using syr. hydriodic acid for eight days, he was entirely without any disagreeable symptoms.

CASE II.—Jno. B., æt. 40, a large, muscular man, employed in a barbed-wire mill. Had attacks of sciatica during past life, but never so violent as in this attack, the pain being so acute as to cause him to scream as loudly as his voice would allow him. He kept moving about constantly, the pain appearing worse to him while he remained quiet.

Several days before the attack he noticed some soreness in the afflicted limb. He walked several miles to a church entertainment, and while he kept moving the limb did not annoy him; but when he returned home, was very tired, and went to bed, the pain returned, increasing rapidly, with fever. On trying to rise and dress himself, he found it impossible to stand.

Hot cloths were all night applied, which usually gave him relief, but in this attack gave only temporary relief.

I was called next afternoon to see him. I continued the application of hot cloths, and gave him aconite internally to control fever. Also, syr. hydriodic acid (H. & Co.), ʒj every two hours, in water.

When I called next A.M. I found he had

had a night of less suffering, and was then resting easy. Continued treatment. Next day he complained of a numb feeling in limb, which remained but a short time. I continued syr. hydriodic acid treatment for six days, when the attack ceased, and my patient was able to come to my office, when I advised him to continue the remedy for a week or so, gradually diminishing the dose.

CASE III.—Had very acute pains in the lumbar region, hip and thigh of the left side, coming on at irregular intervals and of great violence, pain being aggravated by motion, he lying very quietly in bed, the limb being sore and lame. I pursued the same treatment as in the previous cases, with same satisfactory results.

I consider the syr. hydriodic acid (H. & Co.) one of our best remedial agents in the treatment of these complaints. In rheumatism, *especially when the joint structure is involved*, it then proves its reliability. In synovitis we can find no better remedy.

In hydrocele I have used it also, as a constitutional agent to assist, by not only causing absorption of the fluid, but to prevent its formation.

ADDRESS.

*LITHOLOPAXY.**

BY JAMES A. JACKSON, M.D.,
MADISON, WIS.

MEMBERS of the State Medical Society of Wisconsin: A review of the current surgical literature will at once convince us that the subject of removal of stone from the human bladder yields to none in the interest manifested, the skill and ingenuity developed, and the statistical results obtained.

Notwithstanding, however, there exists much difference of opinion concerning the best method of extracting vesical calculus. Authorities of equal eminence differ, and sometimes widely, in their views and processes. The lithotomists, on the one hand, and those who favor the crushing operation, on the other, are alike zealous in the cause of the respective procedures, admitting that the efforts to extend the province of one or the other of the three principal ways of dealing with stone are made in the utmost spirit of truth, and often with an earnest desire to form impartial conclusions after a series of appropriately-selected cases. We must therefore remember that the alternative of operative skill is the exercise of good judgment; that there is probably no exclusively-best method adaptable under all varying circumstances to all possible cases, and that the judicious surgeon will, therefore, select from among the many known operative procedures that one which is indicated after due consideration and study of all the peculiarities of the individual case.

Anything pertaining to the nature of a general discussion of all the numerous questions at issue relating to this department of surgery would be entirely beyond the limits of this article. Our remarks will therefore be confined to a brief consideration of that modification of lithontripsy known as "Bigelow's method of litholopaxy." Nor shall we attempt to search the progress of "stone-crushing" from the time of Cerviates' first attempt with Leroy d'Etoiles' *la prince à trois branches* to the invention of the superb apparatus of Sir Henry Thompson or Bigelow.

We will now report a case illustrating this operation, making it the text of our remarks:—

On March 1, 1888, I was called to see a young and otherwise healthy man of twenty-two years of age without any history of renal colic. He began about a year ago to notice a "mortar-like" incrustation in the vessel. This was followed by increased frequency of micturition and an occasional involuntary escape of a little urine upon sudden exertion. Some time after this he fell several feet, his perinæum striking upon the limb of a tree, a week following which he first perceived a little blood on urinating. Toward the following winter he began to feel pain in the perinæum on making quick movements. These symptoms continued up to a fortnight ago, at which time he underwent severe exercise, which made him worse. The next week he took to bed, where he remained until I saw him.

After previous irrigation with a solution of boracic acid and a urethral injection of a four per cent. solution of muriate of cocaine, I sounded the bladder. The parts were intolerant of instrumentation, but I had no difficulty in discovering stone. Alternate lateral rotation brought the beak in contact with two separate points, but owing to the refusal of the bladder

*Read before the Forty-second Annual Session of the State Medical Society of Wisconsin, June 7, 1888.

to allow prolonged manipulation I could not determine if it was a single stone of at least one long diameter, or whether there were more than one.

My friend, Dr. J. M. Dodson, very kindly made a careful clinical and microscopical examination of the turbid urine, which revealed an alkaline reaction and a specific gravity of 1014, with an offensive ammoniacal odor, and a quantity of pus and mucus. There was but little albumen in the urine. It contained no casts, but an abundance of epithelia from the middle and lower layers of the bladder. The sediment contained an abundance of star-shaped and hexagonal triple phosphates. His (Dr. Dodson's) diagnosis was chronic catarrhal cystitis, with probable mixed phosphatic stone. After due consideration of all the facts in the case, I urged the propriety of doing lateral lithotomy, but the patient, who was quite intelligent and had looked up the matter somewhat, insisted upon having it crushed, and would only consent to a cutting operation after failure of the other method had been demonstrated.

I advised perfect rest in bed, and ordered some preparatory treatment, including iron, quinine, and laxatives, and on March 12th I returned as much prepared for lithotomy as I was for lithontripsy. The patient was put under the influence of ether, and with Dr. Dodson's assistance, after previous disinfection of hands, instruments and fields of operation, including irrigation of the urethra and bladder with eight grains to the ounce of a solution of boracic acid, and using carbolated oil as a lubricant, I obtained a moderate distention of the bladder, introduced a medium-sized Ferguson lithotrite, and caught and lifted the stone from the vesical walls. I found the jaws separated about three centimetres, and upon turning the pinion felt that the recoil was too great to be trusted. I therefore let go my hold, withdrew the instrument, and substituted a large Bigelow, with which I broke the mass into several fragments. I found that any kind of movement would dislodge the *débris* from the jaw of the female blade, so powerful had been the crushing and impaction.

Believing that a smaller instrument would now answer better, I tried every kind of manipulation to drive the male blade home, but all to no purpose, so I reluctantly drew out the larger one, heavily choked with the rough sand, as gently as I could. After emptying the bladder of the particles with Bigelow's evacuator and a straight canula of No. 28 F., I returned to the smaller lithotrite, by which I reduced the fragments, in turn alternating with the use of the evacuating apparatus. When the bladder was free, and both of us passed the sound for the last time over every point of the empty bladder, I found that over three hours had elapsed, to my surprise, as we had worked fastly and unremittingly from the beginning. However, there was much time consumed in producing anæsthesia, for which the patient was a bad subject, and a great deal more in trying to prevent injury by the canula or lithotrite during the long-continued and powerful tenesmus, which yet further caused considerable delay by the forcible ejection of the distending fluid, necessitating constant refilling. I had decided to make as determined an effort as possible before giving up in favor of opening the bladder, but the difficulties proved so great that save for Dr. Dodson's invaluable aid I fear I should have given up in despair. I feel that this was a case more suited to an expert than to one for whom lateral lithotomy, supplemented, perhaps, by Dolbeau's method, would have been an easier and safer operation.

A few drachms of blood were lost, not particularly from the urethral wall, but chiefly from the surface of the bladder uncovered by the stone. The *débris* collected weighed 700 grains, and the amount spontaneously thrown out by spasmodic action could not be estimated. After examination, Dr. Dodson concluded it to be composed of mixed phosphates, with uric acid nucleus.

Patient reacted well, and there was no shock, due in part to previous anodynes and the high temperature maintained. In one week he was out of doors and free from symptoms, refusing to be re-examined, and shortly afterward resumed his vocation.

Old age and early life are no longer of themselves barriers to the success of this operation.

Freyer and Guyon report good results in octogenarians. The former claims that old men stand it as well or better than young ones, with less risk of urinary fever.

A stone which, from its extreme size, position, or shape, will not permit of the introduction of instruments, it is superfluous to discuss, for it must of necessity be relegated to suprapubic lithotomy.

A calculus of three ounces and over, with a diameter of five to six centimetres, has been crushed by Freyer, Guyon, and others. One that is too large for one surgeon may prove amenable at the hands of another, or after increased experience and confidence. Such demand the use of large and well-improved instruments of the best quality. What applies in this relation holds good in a measure to multiple calculi, for it is evident that when one large stone is once broken there remains numerous smaller ones, with the difference that while the fragments may be rougher the original calculi may each separately own a hard nucleus. Of course the stone may be too hard to conquer, but even when they do not resist they are more dangerous because of the increased force required and transmitted to the sharp centrifugal particles.

Certainly, softer the stone the more easily crushed, but the phosphatic calculi, which especially represents this quality, so often concurs with broken health and a bad condition of the urinary organs as to more evenly balance the chances. A naturally small urethra, or a strictured canal, may prohibit this operation. When, however, everything else is favorable this will not necessarily be, for in children small-sized lithotrites, even down to a No. 6 E., have been constructed, and in the latter event divulsion or urethrotomy could be employed.

False passages constitute a serious obstacle, and may necessitate lithotomy. Great hypertrophy of the prostate, with a dependent *à bas fond*, may render seizing impossible, but increased familiarity with manipulations required and special instruments have done away with much of this. The circumstances of each case must, however, decide the question.

The old objection to this operation when the bladder is in a state of atony, devoid of expulsive power, has in great part lost its hold in view of modern acceptance for rapid evacuation. Nevertheless, as this may be associated with a low state of the system, with tendency to typhoid, septic or uræmic conditions, faulty urinary functions, and suppuration in some part of the tract, the merits of the suprapubic method, or perhaps still more, perineal section with drainage, will in this connection claim consideration.

A sacculated bladder is a more or less serious objection, for not only will the foregoing apply in consequence of the probable chronic cystitis, but the difficulties of seizing and lifting stone out of the diverticulum may preclude the possibility, and an encysted calculus may be out of reach, or, when it cannot be raised or moved from its bed, it is beyond the limits of lithontripsy.

Chronic cystitis alone, and not markedly severe, is not a contra-indication, for if the operation is done with antiseptic irrigations, and the bladder freed completely from foreign bodies, it usually disappears, the disease being but rarely produced or aggravated thereby, the danger, aside from operative defect, lying in the way of ascending nephritis being in about the same degree as would follow lithotomy. When a spasmodic, strongly contracted or contracting bladder exists; when there is great frequency of micturition, with small quantities of blood and viscid urine, followed by tenesmus; if sounding causes distress, and the organs intolerant of instrumentation, or unless the stone be of moderate size and hardness, we may have to relinquish in favor of lithotomy. It has been said that the tolerance of the organ varies with the skill of the surgeon. Be this as it may, intolerance proved to be the main difficulty in the case reported. Doubtless the use of Bigelow's later lithotrite, through which liquid can be injected while in the bladder, must materially lessen this trouble. In the case in question, tolerance became established toward the latter end, showing the better behavior of the organ in proportion to its freedom from the foreign substance. Perhaps the advice of Benjamin Brodie, to keep the patient at rest and daily inject liquid, would overcome it in a measure.

The use of cocaine, as shown by Vidovokonsky, has probably something in promise in this respect.

A previous examination of the urine to ascertain the condition of the kidneys should always be made, and when an abnormal state exists, operation had better be delayed until through proper treatment as normal an excretion of this fluid as possible is obtained; for not only may an interstitial or a pyelonephritis be awakened or aggravated by prolonged operations within the bladder, but the question whether a long-continued ether-anæsthesia under presence of renal disease had not better give place to a shorter one.

Chloroform still claims attention, since it is now believed that patients suffering from dis-

eases of the kidneys do not bear the former agent as well as they tolerate the latter. It is well, too, in the case of old people to think beforehand, lest a chronic pulmonary complaint may develop a pneumonia after prolonged violent respiration. In cases, also, where shock is to be feared we may have to decide in like manner. Indeed, there are many conditions that may dictate one of the alternate methods, aside from those considerations dealing merely with the calculus itself.

So far as antisepsis is concerned, it applies with mutually equal weight, for neither operation could be done without a faithful adherence to the principles of the antiseptic system, based upon personal belief in its efficacy. The antiseptic conscience will here, as always, reap its own reward.

Litholopaxy is supposed to require more skill than lithotomy, and therefore is uninviting to the majority of operators.

However true it may be that an expert operator should not undertake litholopaxy, it is just as certain that a well-done lithotomy requires ability, and it is hard to believe the hand capable of neatly and expeditiously removing a stone through the perinæum or hypogastrium, with the complicated technique of the latter, incompetent to an average litholopaxy. This much, at any rate, applies to the simple cases; the difficult ones are, of course, when possible, best confided to experience. It is claimed that relapse is more apt to follow this operation. Given a bladder delivered of all foreign matter, and it is illogical to suppose that one method is superior to another as to future immunity. It is not putting it the same to include any of the advantages accruing to drainage and the after-washing out of the viscus.

Schoenboer advises sounding and the use of the evacuator after a few weeks, and later three or four times a year with the object of preventing this. A bladder once the seat of a stone is liable to recurrence after any kind of operation, for, leaving out the question of left-in portions for future accretion, there is no security against the descent of the gravel already present within the kidney, nor against the formation of a fresh deposit in the unhealthy bladder, or against any deformed organs after the manner Mr. Reginald Harrison alludes to. Furthermore, an effort should be made through important hygienic conditions to bring about a better state of degeneration, a normal power of assimilation, and retrograde metamorphosis, and, in other words, a condition of health quite the opposite of that which acted in a previous causative relation to the formation of the stone.

It is said that litholopaxy should be the operation of choice and lithotomy that of necessity. Von Dittel says that suffering physicians, and other intelligent patients, prefer the former method in their own cases. Discussion as to the propriety and advisability of litholopaxy, however, in any individual case, must bear upon a consideration of points that may singly or collectively pertain to the case, more especially in those instances in which, from the intrinsic difficulties involved by the pathological, anatomical, or mechanical conditions, or through superadded complications, which become all the more difficult to decide. In the simple, non-complicated cases, at any rate, where all the conditions are as favorable as could be desired, we may conclude by saying that, while perhaps lateral lithotomy might yield equally good results, it may nevertheless, in view of all the facts, be a true statement that it becomes the duty of the surgeon to give his patient the benefit of the simpler and more benign operation.

THERAPEUTIC NOTES.

The following prescriptions from the American Journal of Pharmacy embrace some taken from the Pharmacopœia of the Philadelphia Hospital:—

MISTURÆ.

Magnesii et Rhei.

Each tablespoonful contains:—

℞ Comp. rhubarb-powder, . . ℥ij.
Acacia, ... q. s.
Lime-water,
Peppermint-water, āā q. s. ad f℥iv.
M. S.: One tablespoonful.

Magnesii et Hydrargyri.

Each tablespoonful contains:—

℞ Magnesia (heavy), . . . ℥j.
Blue mass, ... gr. v.
Powd. acacia, ... q. s.
Sp. of ammon. arom., . . ♏viiss.
Syrup of orange, ... f℥ij.
Peppermint-water, . q. s. ad f℥iv.
M. S.: One or two tablespoonfuls, as needed.

Magnesii Comp.

Each wineglassful contains:—

℞ Magnesium sulphate, . . ℥iv.
Fl. ext. of senna, . . . f℥iss.
Syrup., ... f℥iv.
Anise-water, ... f℥iv.
Water, . . . q. s. ad f℥ij.

M. S.: Wineglassful.

Gentianæ Acida.

Each tablespoonful contains:—

℞ Dilute nitrohydrochloric acid, ♏x.
Comp. inf. of gentian, q. s. ad f℥iv.

M. S.: Tablespoonful.—*University Hospital.*

Pectoralis.

Two teaspoonfuls contain:—

℞ Ammonium chloride, . . gr. viiss.
Syrup. of senega, . . . ♏xv.
Comp. lic. mixture., q. s. ad f℥ij.

M. S.: Two teaspoonfuls.

Picis et Pruni Virg.

Each tablespoonful contains:—

℞ Pine-tar, ... q. s.
Lime-water, ... f℥iv.

Macerate the tar for three days in the lime-water, filter and percolate through thirty grains of ground wild-cherry bark, adding sufficient lime-water to make the percolate measure f℥iv.

S.: Two to four teaspoonfuls.—WOOD.

Zollikofferi.

(Zollikoffer's Mixture.)

Each tablespoonful contains:—

℞ Potassium iodide,
Guaiac, ... āā gr. v.
Wine of colchicum-root, . ♏xv.
Cinnamon-water,
Syr. of ginger, . āā q. s. ad f℥iv.

M. S.: Tablespoonful.

Sodii Bicarb.

Each tablespoonful contains:—

℞ Sodium bicarbonate, . . gr. x.
Spt. of ammon. arom., . . ♏viiss.
Peppermint-water, . q. s. ad f℥iv.

M. S.: Tablespoonful.

Sodii Comp.

Each tablespoonful contains:—

℞ Sodium bicarbonate, . . gr. x.
Beachwood creasote, . . gtt. j.
Powd. acacia, . . . q. s.
Syrup of ginger, . . . ♏xxx.
Tr. of lavender comp., . . f℥j.
Lime-water, . . q. s. ad f℥iv.

M. S.: Tablespoonful.

Rochelle.

Each wineglassful contains:—

℞ Rochelle salt, ... ℥iv.
Syrup., ... f℥iv.
Peppermint-water, . . . f℥iv.
Water, . . . q. s. ad f℥ij.

M. S.: Wineglassful.

OLEA.

Carbolatum.

(1-40, 1-30, 1-20, 1-15.)

Lini et Calcis (*Carron Oil*).

℞ Linseed oil,
Lime-water, equal parts.

PILULÆ.

Antineuralgicæ.

Each pill contains:—

℞ Arsenic, ... gr. $\frac{1}{32}$.
Strych. sulph., . . . gr. $\frac{1}{48}$.
Ext. belladonna, . . . gr. ⅛.
Cinchonine sulphate, . . gr. ij.
Vallet's mass, . . . gr. ij.

M. S.: One pill.

Antipyreticæ.

Each pill contains:—

℞ Powd. opium, . . . gr. ¼.
Powd. digitalis, . . . gr. ss.
Quinine sulphate, . . . gr. ij.

M. S.: One pill every six hours.—NIEMEYER.

Argentii et Opii.

Each pill contains:—

℞ Silver nitrate, . . . gr. ⅛.
Opium powd., . . . gr. j.

M. S.: One to two pills.

Arsenicales.

Each pill contains:—

R Arsenious acid, . gr. $\frac{1}{60}$, $\frac{1}{60}$, or $\frac{1}{30}$.

M. S.: One pill.

Aperientes.

Each pill contains:—

℞ Ext. belladonna, . . . gr. ⅛.
Ext. nux vomica, . . . gr. ¼.
Ext. hyoscyamus, . . . gr. ss.
Sodium bicarbonate, . . gr. ¼.
Ext. of colocyn. comp., . gr. j.
Ext. of rhubarb, . . . gr. j.
Oil of anise, ... gtt. ¼.

M. S.: One to two pills.

Atropinæ.

Each pill contains:—

℞ Atropine sulphate, . gr. $\frac{1}{100}$ or $\frac{1}{60}$.

M. S.: One pill.

Cinchoninæ.

Each pill contains:—

℞ Cinchonine sulphate, gr. j, ij, iij, or v.
M. S.: One or more pills.

Cinchoninæ Comp.

Each pill contains:—

℞ Ext. of nux vomica, . . gr. ¼.
Cinchonine sulphate,
Reduced iron, . . āā gr. ij.
M. S.: One pill.

Cinchoninæ et Arsenici.

Each pill contains:—

℞ Extract of nux vomica, . gr. ¼.
Arsenious acid, . . . gr. $\frac{1}{24}$.
Cinchonine sulphate,
Reduced iron, . . āā gr. ij.
M. S.: One pill.

Colocynthidis Comp.

Each pill contains:—

℞ Extract of belladonna, . gr. $\frac{1}{6}$.
Resin of podophyllum, . gr. $\frac{1}{8}$.
Ext. of gentian, . . . gr. j.
Ext. of colocynth co., . gr. ij.
Oil of caraway, . . . gtt. ss.
M. S.: One pill at night, or one night and morning.—*Episcopal Hospital.*

Ferri Carb.

Each pill contains:—

℞ Ferrous sulphate,
Potassium carbonate, . āā gr. iiss.
M. S.: One to two pills.—BLAUD.

Ferri et Quassiæ Comp.

Each pill contains:—

℞ Ext. of nux vomica, . . gr. ¼.
Ext. of quassia, . . . gr. j.
Reduced iron, . . . gr. j.
Powd. soap, . . . gr. ss.
M. S.: One to two pills.

Zinci Oxidi Comp.

Each pill contains:—

℞ Ext. of belladonna, . . gr. ss.
Zinc oxide, . . . gr. iij.
M. S.: One pill at night.

Hydrarg. Chlor. Cor.

Each pill contains:—

℞ Mercuric chloride, . gr. $\frac{1}{20}$, $\frac{1}{16}$, or $\frac{1}{12}$.
M. S.: One pill.

Hydrarg. Iodid. Rub.

Each pill contains:—

℞ Mercuric iodide, . . gr. ⅛ or ¼.
M. S.: One pill.

Hydrarg. Iodid. Vir.

Each pill contains:—

℞ Mercurous iodide, . gr. ⅛, ¼, or ½.
M. S.: One pill.

Camphoræ et Opii.

Each pill contains:—

℞ Camphor, ... gr. ij.
Powd. opium, ... gr. j.
M. S.: One to two pills.

Manganesii Oxidi.

Each pill contains:—

℞ Manganese oxide prec., . gr. v.
M. S.: One pill.

Plumbi et Opii.

Each pill contains:—

℞ Powd. opium, . . . gr. ss.
Acetate of lead, . . gr. j.
M. S.: One to three pills.

Podophyllini Comp.

Each pill contains:—

℞ Resin of podophyllum, . gr. ¼.
Ext. of colocynth co.,
Ext. hyoscyamus, . āā gr. j.
Sodium bicarb., . . . gr. ¼.
Oil of anise, . . . gtt. ¼.
M. S.: One pill.

Quinidinæ.

Each pill contains:—

℞ Quinidine sulphate, . gr. j, ij, iij, or v.
M. S.: One pill.

Rhei et Gentianæ.

Each pill contains:—

℞ Ext. hyoscyamus,
Ext. of gentian,
Ext. of rhubarb, . āā gr. j.
Sodium bicarb., . . . gr. ¼.
M. S.: One pill.

Triplices.

Each pill contains:—

℞ Podophyllum resin, . . gr. ¼.
Blue mass, ... gr. j.
Aloes purif., . . . gr. ij.
M. S.: One pill.

Hepaticæ.

Each pill contains:—

℞ Ext. hyoscyamus, . . gr. ss.
Ext. of colocynth co. . gr. iss.
Blue mass, ... gr. iiss.
M. S.: One to two pills.

PULVERES.

Bismuthi.

Each powder contains:—

℞ Bismuth subnitrate, gr. v, x, xv, or xxx,
M. S.: One powder.

Bismuthi Comp.

Each powder contains:—

℞ Bismuth subnitrate, . . gr. x.
Aromatic powder, . . gr. v.
M. S.: One to three powders.
—*Am. Jour. Pharmacy.*

TREATMENT OF SCARLET FEVER.

℞ Ext. fl. guaiac, . . . ℥ij.
Tr. aconit., . . . ♏vj.
Syrup., . . q. s. ad ℥xvj.
M. S.: ℥ss to ℥j every two hours to two-year olds.—DR. ARMSTRONG, *Medical Age.*

SUMMER DIARRHŒA IN CHILDREN.

℞ Tr. opii, ... gtt. xvj.
Bismuth subnitrate, . . ℥ij.
Syrupi, ... f℥ij.
Misturæ cretæ, . . . f℥xiv.

Misce. Shake thoroughly and give one teaspoonful every two to four hours. An infant of six months can take one-half of the dose, and one of three or four months one-fourth or one-third of the above mixture.—DR. DODGE, *The Medical Standard.*

CHILBLAINS.

Valentine Mott's remedy is as follows:—

℞ Beef's gall, . . . ʒiv.
Ol. terebinth, . . . ʒiv.
Spts. vini. rect., 90 per cent., ʒiss.
Tinct. opii, ... ʒj.
M. —*Medical Classics.*

℞ Beef-brine, . . . Oj.
Potassæ nitratis, . . ʒij.
Aquæ ammoniæ, . . ʒiij.
M. —*Ibid.*

CHRONIC BRONCHITIS.

℞ Tinct. nucis vom., . . . ʒj.
Tinct. sanguinariæ, . . . ʒj.
Ext. fluid. geranii, . . . ʒiss.
Syrup. simpl., . . . ʒxij.
M. S.: One teaspoonful every four hours.
—*The Journal de Médecine.*

FOR PAIN AFTER REMOVAL OF A TOOTH.

℞ Ætheris, ... f℥j.
Ol. caryophylli, . . gtt. iij.
Acid. carbolic., . . gtt. j.
M. S.: Applied to the cavity, on cotton, and allowed to remain a few minutes.—Dr. L. P. BETHEL, in the *Ohio Dental Journal.*

IODOFORM IN HÆMOPTYSIS.

℞ Iodoformi, ... gr. xv.
Ext. gentian., . . . q. s.
M. ft. pil. No. xx.
Sig.: Three to five pills daily.

℞ Iodoformi, ... gr. xv.
Tannin, ... ʒss.
Ext. glycirrhizæ, . . q. s.
M. ft. pil. No. xx.
Sig.: Three to five pills daily.
—*Le Progrès Médical.*

GOUT AND RHEUMATISM.

The following local application for the severe pains of gout and rheumatism is highly recommended to be painted on the affected joints every hour or two:—

℞ Ætheris,
Collodii flexilis, . . āā ʒxv.
Acid. salicylic., . . . ʒiv.
Morphiæ sulph., . . ʒj.
M. —*London Hospital Gazette.*

EPILEPSY.

Professor Brown-Séquard's favorite prescription for epilepsy was the following:—

℞ Potassii iodidi, . . . ʒj.
Potassii bromidi, . . ℥j.
Ammonii bromidi, . . ʒiiss.
Potassii bicarbonatis, . . ℈ij.
Infus. calumbæ, . . f℥vj.
M. Sig.: A teaspoonful before each meal, and three teaspoonfuls at bed-time, with a little water.
—*Ibid.*

CHOLERA INFANTUM.

Tedeschi advocates the following mixture as the best substitute for cows' milk, in infantile cholera:—

White of eggs, . . .	15 grammes.
Oil of sweet almonds, . .	35 "
Sugar of milk, . . .	40 "
Carbonate of soda, . .	40 "
Chloride of sodium, . .	20 "
Phosphate of lime (neutral),	2.50 "
Water, ...	1 litre.

Made into an emulsion.

This alimentary mixture has been used in 51 cases of infantile cholera, in which 44 were cured, 3 died, and the results in three cases not known.—*The Weekly Medical Review.*

PITYRIASIS VERSICOLOR.

℞ Resorcin, ... gr. lxxv–c.
Castor oil, . . . f℥i ¼.
Alcohol, . . . f℥iv ¾.
Balsam of Peru., . gr. viiss.
M. ft. liniment.—IHLE.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Sept., 1888.

THE PATHOLOGY AND TREATMENT OF MYXŒDEMA.

WITH the increase in the number of cases coming under the head of myxœdema, there arises a demand on the part of the profession for more light upon the pathology and treatment, and, although we are not at present able to gratify this desire to any great extent, a few words upon this important theme may be of assistance to those who have not yet met with a case in practice. Several years ago, the Clinical Society of London appointed a committee to investigate and report upon the etiology and pathology of this affection, and their report has lately been presented, but has not yet been made public, although certain features of this report, so far known, indicate the position the committee have concluded to adopt. It is said the committee will take it for granted that this affection and destructive disease of the thyroid gland are intimately connected, and that the removal of the latter by surgical means will be followed eventually by the lesions characteristic of myxœdema. While unable to add anything particularly interesting or new in this connection, this committee, it is said, have advocated the idea that myxœdema is in some manner allied to cretinism, sporadic or endemic, and they are unable thus far to account for the pathological changes upon which depend changes in the mental and motor faculties which are concomitants of this disease.

Just here, it will be appropriate to refer to an introductory paper upon this subject (American Journal Medical Sciences, July, 1888) by Drs. Hun and Prudden, who have recently had an opportunity of observing four cases, in two of which they have prepared careful and exhaustive reports from autopsies they were fortunate in securing. From this report we are warranted in the conclusion that there are two classes of symptoms, or, we should say, pathological changes, which may be conveniently classed as incidental and pathognomonic. Pathological changes which are known to attend upon all lingering diseases, such as include mere functional changes as well as organic lesions, are not properly classed as belonging especially to the pathological changes noted in this disease; and while the report in question covers the field very thoroughly, and is complete in every detail, as a matter of course it contains much that is merely incidental and entitled to but slight consideration in determining the true pathology; but it will materially aid us in ultimately reaching a proper therapeutic diagnosis. The incidental symptoms therefore are not to be wholly ignored, but greater stress is to be placed upon the pathognomonic symptoms, as without a thorough knowledge of these conditions our treatment is in the nature of an experiment.

At the risk of being tedious, we may give a summarized account of the pen-picture which these authors have presented in one of the cases in which an autopsy was permitted.

The facial expression is characterized by a thickening of the integument, affecting the eye-lids, the nose, the cheeks, the lips, the ears, and even the tongue is thickened, and the whole physiognomy has that of a bloated and œdematous appearance. The skin of the hands, as well as that of other parts of the body, is waxy, and generally upon the extremities it is thickened and wrinkled, yellowish and scaly, all going to show that we have to deal with a derangement of the trophic nervous system. The patient suffers frequently from chills, there is a burning and pricking sensation at times, and the subjective feeling is alternately hot and cold. Nervous complications are further indicated by attacks of vertigo, noise in the ears, occipital headache, and gradually increasing mental hebetude. Speech is slow and difficult, the mind dull and confused, and the memory poor. Dyspnœa is common, and the patient experiences a sense of oppression in attempting to breathe,

and deglutition is accompanied by a distressing sensation in the upper sternal region. The urine is scanty and causes a burning sensation, but there is no albumen or sugar. Although the appetite is fair, it is noted that various articles of food cause flatulency. The nails are small, ridged, and curved, corresponding in some respects to what Fothergill has pointed out in connection with the development of gout and rheumatism. Apparently motility and sensation are not primarily affected, and vision is not modified, although pathological changes have been observed.

The foregoing covers, for the most part, the objective and subjective symptoms noticed in these cases, and has been recapitulated from the case before us, and it remains to be added that she improved under the use of nitro-glycerin. Space is here lacking, or we could with profit consider the incidental and pathognomonic symptoms; but it will be more to our purpose if a survey is taken of the results of post-mortem examination, which has evidently been conducted with the greatest care. There was noted marked thickening of the arteries, with great cardiac hypertrophy, especially the left ventricle. The thyroid gland was small; the liver, spleen, mesentery, omentum, kidneys and capsules, uterus and ovaries presented no special indications which could be said to be confined to this disease. The stomach presented numerous small ecchymoses, but these are met with in many cases of long-continued illness, such as general debility, and may be classed here as incidental.

It should have been stated that the autopsy in this case took place shortly after death, which occurred rather unexpectedly, the patient becoming suddenly comatose and dying within a period of about twelve or fifteen hours. She had been under observation for about three years and seven months previous to this time, but at no period had any alarming symptoms occurred, and the suddenness of the attack was only accounted for when the urine was drawn and found to contain 33 per cent. of albumen.

Microscopical examination afforded some advantages, which may be briefly summarized as follow: The skin was marked by considerable distention of the interfibrillar spaces and small lymph-vessels of the corium, with a collection of small spheroidal cells along the smaller veins and capillaries. The presence of these small spheroidal cells appears to have been a common condition, as they were found in very many of the tissues as herein desoribed. The fat was moderately atrophied, the voluntary muscles apparently normal; the nervous system, including the cerebro-spinal and sympathetic, was for the most part normal. The blood-vascular system indicates endarteritis, together with atheromatous changes. The spleen and stomach suffer from amyloid degeneration of the smaller arteries, and the same condition is found in the kidneys. The liver and kidneys show the presence of increased interstitial tissue. The atrophied thyroid gland was found to be nodular, and made up of dense connective tissue, and, in some places, densely infiltrated with these small spheroidal cells, having the appearance of leucocytes. The pancreas was found to be normal.

Ordinarily this summary would have appeared in the abstracts, but for the purpose of making some observations regarding the method of treatment to be adopted it has been placed in another department. Three prominent conditions are pointed out by glancing at this synopsis, and, besides, there are several minor considerations. First to be noted is the fact that nitro-glycerin was certainly beneficial; second, that certain symptoms were of a rheumatic nature; and, third, that the pancreas was unaffected. These conditions evidently point to the line of treatment which may be adopted with reasonable hopes of a certain degree of success in hindering the development of the disease, providing we are able to interpret nature in her demands for relief. Nitro-glycerin appears to be a remedy remarkably well fitted for the relief of certain symptoms of this disease, as shown by the microscopical investigation. When given in suitable doses, the effect of this remedy is to distend the blood-vessels of the periphery on the arterial side, but in order to accomplish this object in a satisfactory manner it should be given in very small doses; certainly not more than $\frac{1}{200}$ of a

grain; and doses of gr. $\frac{1}{250}$ to gr. $\frac{1}{500}$, at intervals of two or three hours, would be far superior to any other medication which we possess at the present time. The action of this drug would not alone be felt in giving increased nutrition to the skin, but the tendency to the development of increased interstitial tissue in the kidneys and in the spleen would be materially overcome; and, moreover, the appearance of albumen in the urine postponed. Large doses of nitro-glycerin, on the contrary, would defeat the very purpose for which it was given; but details will be omitted.

To overcome the numbness, pricking, and other sensations due to endarteritis, the use of small doses of the carbonate, combined with the iodide of ammonia, would appear to be most suitable. Followed by a combination containing, say, ten grains of the iodide of potassium and one-fortieth of the bichloride, the tendency to the development of any rheumatic indications would be averted. The fact that the patient lived so long, even with threatened erosion of the stomach, shows conclusively the value of the pancreas in the economy, and the need for attending to those measures which are best calculated to increase the nutrition of the patients suffering from this affection. At times this gland was somewhat overworked, or became inactive, as seen in the attacks of flatulence when certain articles of food are taken,—a symptom which is frequently noticed in persons suffering from gastro-intestinal catarrh; and one, too, which is more often overlooked than considered.

PLASTERS, POULTICES, AND COUNTER-IRRITANTS.

THE use of plasters, poultices, and counter-irritants is something properly coming within the domain of the physician; but how often does he find that a friendly neighbor has preceded him in ministering to the afflicted? While these remedies are of great value when judiciously used, by their abuse the physician is frequently hampered in the selection of other remedies which might be applied with far greater benefit to his patient; and it is to this abuse we would call the attention of the profession by sounding a friendly note of alarm. Are we not going too slow in attending to this matter of local therapeutics? Can we not do better for our patients than smother them with poultices, or render an attack of illness excruciatingly painful by the injudicious application of counter-irritants? Is it not a fact that many of our patients are only putting off the evil day by covering a large portion of the body with plasters of various kinds, applied at the suggestion of some kind (?) friend, who knows from personal experience that it is "just the thing?" These remarks are not mere surmises, but are plain statements of fact, and the permanent injuries which follow and attend upon this almost universal custom are such as to call for interference on the part of those who are in a position to speak authoritatively; and physicians should make a note of this.

It will be said, however, that if we enter upon a crusade against this luxury, and claim that it is an evil, the proper caper would be to advise certain procedures, substantial in character, which would take the place of this well known and common usage; and we shall endeavor therefore to point out a few instances in which they may be avoided with advantage, and with the most agreeable results to both patient and physician, unless the latter regards a rapid recovery as perilous to his success in the practice of medicine. Suppose, for example, we take a case of circumscribed inflammatory swelling following contusion, and watch the effects produced by the action of nature in the matter of healing. As the disease advances, it will be noticed that nature is unable to throw off the morbid material which gradually accumulates, and is unable to carry the malady to a rapid and successful termination, and the indications point to the necessity for the interference of the surgeon. If the operator is wise, and the circumstances of the case will admit, he will immediately relieve the tension by suitable measures. Having done so, we shall see that a relief of pain follows, a sufficient amount of congestion remaining to enable repair to be initiated at once. How different will be the result when poultices and counter-irritants are used in such a case can be appreciated by every physician who is lacking of timidity in apply-

ing the "antiphlogistic touch." A counter-irritant but adds insult to injury, as we get neither revulsive effects nor curative; a poultice, while it may assuage the pain for the time, only prolongs the misery, and materially increases the dangers of septic infection. No better illustration of this truth can be adduced than the ordinary methods of treating boils and carbuncles by counter-irritants and poultices; and the large number of deaths from these comparatively benign affections which are yearly recorded may be accepted as a token that the unwise method known as the expectant plan should be consigned to utter oblivion. The physician in general practice has here a manifest and important duty to perform, and should not hesitate to discourage all procedures of this kind, as not only impracticable in themselves, but extremely dangerous to life.

Can anything further be done than the simple surgical operation to which we have referred? Certainly; and here it is that the modern physician will gain his laurels; but it will be most difficult for him to obtain the consent and co-operation of his patient, as the tendency to self-medication and treatment is in the nature of an heredity, and cannot be easily eradicated from the soil in which it has flourished for generations. The enthusiast in this direction will often be greatly chagrined to find that in his absence, the felon (paronychia), the abscess, the circumscribed swelling, the boil, the carbuncle, or what not, has been treated to a poultice, the innocent sufferer thinking that at that stage of the disease a local application would be an acceptable and enjoyable relief, and, moreover, would better accord with his notions of proper medical skill. And what, pray, may be the character of these local measures, which are so much in vogue? Why, poultices of flax-seed, of bran, of bread and butter, of bread and milk, of mush, of soap and sugar, of cows' dung,—in short, of every conceivable thing found on earth, except the earth itself. If good, clean earth was applied according to the method of our esteemed friend, Dr. Hewson, no one could object; but no, it must be something out of the ordinary run, and generally will be found execrable in the extreme. There can be no objection, however, to local applications for the relief of pain, and in these days of antiseptics proper care will be exercised in the selection of analgesics; but internally we have a remedy of undoubted and positive value in all of the affections to which we have referred, and no time should be lost in placing the patient fully under its influence. We have reference to calcium sulphide, one of the most valuable antisuppurative agents in the whole materia medica, and, when faithfully used once, will never thereafter be forgotten. We shall be pleased to have reports from our readers upon this subject.

THE BROMIDES OF SODA AND POTASSIUM.

EXPERIENCE shows us that large and continual doses of the bromide or iodide of potassium engender uncomfortable symptoms, which have been attributed by some to the basic element in the drug. The continued use of the iodide of potassium causes loss of appetite, nausea, and emaciation, while the bromide of potassium, administered for a considerable length of time, occasions pain in the epigastric region. If we could find a better vehicle than the potassium for the acid element, we should have less annoying sequelæ. The salts of sodium are occasionally substituted with advantage. It has been urged that from the different combining weights of potassium and sodium we gain a marked advantage from the use of sodium, which is only 22.99 as compared with 39.04 for potassium. The combining weights of iodine and bromine being respectively 126.53 and 79.75, it is evident that ten grains of bromide of potassium contain 6.72 grains of bromine, while ten grains of bromide of sodium contain 7.76 grains of bromine, making 8.6 grains of bromide of sodium,—equal to ten grains of bromide of potassium. Of the iodide of potassium, ten grains equal nine of the iodide of sodium, so far as the relative proportions of iodine are concerned. At the present time we are accustomed to interchange these doses, but it should be remembered that in giving the sodium salt we are giving a less quantity of the

prescribed vehicle, as well as a more wholesome drug. The salts of soda at the present time are, it is true, more expensive than those of potassium, but this may be explained on the ground of a slow demand, as sodium is properly a cheaper substance than potassium, and the increased use of the salts of sodium would doubtless lower their cost even beneath that of their substitutes.

CORRESPONDENCE.

A PATENT-MEDICINE MAN OF THE OLDEN TIME.

To the Editor of the Medical Bulletin:

ABOUT the year 1670, Dr. John Helvetine, having secured a ship-load by importation from Brazil, began dispensing and selling ipecacuanha, advertising it probably as "The Great South American Indian Remedy," or "The Brazilian Boa-constrictor of all Bowel Disorders."

He presented his discovery so plausibly, prescribed it with such phenomenal success, and secured for it such popular demand and widespread attention that the reigning monarch, Louis XIV, paid him grand public honors and a sum of money (history doesn't say exactly how much, but I venture the opinion that it was not five cents on the dollar to what the American sovereign pays every year for somebody's "Lung Balm," or "Cherry Pectoral," or "Blood Purifier") that he relinquish his exclusive right and publish it to the world for the common weal of humanity.

This was a patent worth a royal price, a king's ransom, and all Golconda's wealth.

Ipecacuanha was a faithful friend and trustworthy agent of the medical practitioner for nearly two centuries, when suddenly the young world became too smart for old-fashioned physic and bulky doses, running after strange gods,—Parvules, Pilules, Pellets, Granules, and "Smellets,"—relegating this noble old solvent, with its contemporaries, rhubarb and castor oil, to the obloquy of ignominious desuetude.

I hail with pleasure its resurrection from the dusty hecatombs of unmerited neglect, and I shall not be surprised to see it figuring conspicuously in many current prescriptions, and being served up ready for use by "Messrs. Chemico-Pharmacal Company, Manufacturers of Ina-idiaeines," for the convenience of the modern Æsculapius, who is too busy (?) and lazy to write his own prescriptions.

I have found ipecacuanha specifically curative in certain inflammatory conditions of the lower bowel, notably the tropical form of epidemic dysentery. As an antiperiodic it is sometimes better than quinine, and as a popular placebo it meets a large demand among the negroes, and is hardly second to bread-crumb pills or chartulæ of ulmus fulva.

I met a swamp doctor several years since, who said he had "took a dose of hepecac and it had purged him both ways."

Begging you not to attempt to rival King Louis' philanthropy by buying the nostrum of some of our modern coeval patent-medicine men, I will heave anchor before I reach *ad nauseam.*

Yours truly,

R. R. STOCKARD, M.D.

MEDICAL NEWS AND MISCELLANY.

THERE are now eight patients in the Municipal Hospital.

MANY physicians persist in writing *per orem* or *per oram* instead of *per os.*

DR. DE NORMANDIE, of Germantown, has gone to Massachusetts for a short visit.

DR. and MRS. JOSEPH LEIDY and MISS LEIDY have gone to Beech Haven for the summer.

DR. WILLIAM M. MYERS has been appointed Medical Inspector for the Board of Health.

THE material used in opium smoking is called a "lay out." Nothing could be more appropriate.

THE degree of Doctor of Laws has been conferred by the University of Pennsylvania on Dr. D. Hayes Agnew.

WARTS are said to disappar in a short time under the use of small doses of Fowler's solution (one to three drops three times a day).

AN epidemic of diphtheria is reported to be prevalent in Brecknock, a northern township of Lancaster County bordering on Berks.

A PARIS paper denounces M. Grevy's son-in-law, Wilson, as "a microbe." This is getting him down pretty fine.—*Indianapolis Journal.*

THE body of Dr. J. W. Watson, a Cincinnati dentist, was cremated last week in that city, the process of incineration occupying an hour and forty minutes.

DR. S. WEIR MITCHELL HONORED.—Among the degrees conferred by Bologna University on distinguished persons is one on Dr. S. Weir Mitchell, of Philadelphia.

THE reception tendered to the State Medical Society by the Faculty of the University of Pennsylvania was made memorable by a superb collation in the chemical laboratory.

THE University of Pennsylvania prize of fifty dollars for the best examination in hygiene was awarded to Hill S. Warwick, M.D., B.S. Thesis, "The Yellow Fever Epidemic of 1878."

WHOLE wheat preparations are proved to be richer in life-growing elements than any other single article of food.—*Phys. and Surg. Investigator.* But how about its digestibility?

DIRECTOR OF PHYSICAL EDUCATION.—Dr. A. H. Leuf has been elected by the trustees of the University of Pennsylvania Director of Physical Education in place of Dr. J. William White, resigned.

THE BUFFALO MEDICAL AND SURGICAL ASSOCIATION.—The following officers were elected for 1888: President, Dr. P. W. Van Peyma; Vice-President, Dr. A. A. Hubbell; Secretary, Dr. Trowbridge; Treasurer, Dr. F. E. L. Brecht.

DR. ESKRIDGE, after a two years' residence at Colorado Springs, says in the Maryland Medical Journal: "Dry, irritative catarrhal conditions of the upper air-passages and of the middle and external ears are made worse by residing in Colorado."

AMBROSIA.—A new drink has been dealt out by those not possessing a liquor license in Philadelphia, which turns out to be a mild alcoholic beverage. Dr. Henry Leffmann, upon an analysis, decides that ambrosia contains 1½ per cent. of alcohol.

TO KEEP SYRINGES IN GOOD CONDITION.—Dr. Frank Abbott says that syringes may be kept in perfect working order, by drawing half full of water before laying away after using. The water will not evaporate, but remain in the syringe two or three or perhaps six months, just as it is left.

A PHARMACIST'S FATAL MISTAKE.—A Cincinnati dispatch of June 9th reports that Julius H. Eichberg, pharmacist at the Cincinnati Hospital, who has been there eight years and filled 200,000 prescriptions, caused the death of a patient, yesterday, by his first mistake in putting deadly poison in a prescription.

BACTERIA DISCOUNTED.—Dr. Prudden, one of the leading authorities on the subject, says in the Popular Science Monthly what many laymen have suspected all along, that the vast majority of bacteria are harmless. Otherwise, considering the millions of them that are taken in by the average person in eating, drinking, and breathing, there wouldn't be enough funeral directors to bury the undertakers.

DIURETIC ACTION OF BEER.—Dr. R. Mori says that, according to his experiments, the diuretic action of beer corresponds only to a volume of liquid three times as great as the amount of beer ingested, and that a more abundant diuresis is obtained by the use of wine. The diuretic action of beer and alcoholic beverages should be attributed especially to the alcohol present in them.—*Archiv. für Hygiene.*

A TRIBUTE TO SIR MORELL MACKENZIE.—At a meeting of working-men of Pottsdam and Charlottenburg, held on Ascension Day, while they were enjoying an excursion, a resolution was adopted and forwarded to Dr. Mackenzie thanking him for his loving devotion at the sick-bed of the Emperor, and assuring him that the value of his services could not be "diminished by any shameless persecution." Dr. Mackenzie was delighted with this tribute.

THE death of Miss Alice Fisher, chief nurse in the Blockley Hospital, is a great loss to that institution, where she was so highly and generally esteemed and beloved. The officials of Blockley have adopted a series of resolutions paying a high tribute to her, for "illustrating in a long and useful life the teachings of the Master, giving water to the thirsty, food to the famishing, and care to the sick wherever her lot was cast." An engrossed and framed copy of these resolutions will be sent to Miss Fisher's sister, in England.

PROFESSOR VIRCHOW, on his return from his recent tour to Greece and Egypt, gave to the Berlin Medical Society, of which he is president, a glowing account of the reception he had everywhere encountered at the hands of his colleagues in Egypt as well as in Greece, and testified to the strides which the science of medicine has made in those countries. Arab physicians vied with each other in tendering him hospitality, and in reciprocating their flattering attentions he was fortunate in being able to avail himself of the services of such an interpreter as his companion, Dr. Schliemann.

THE TAMPON IN ABORTION.—For the purpose of a tampon there are several good materials, one of the best of which is the absorbent cotton made into small balls (a hatful of them), and after being rendered antiseptic should be introduced one by one, and the whole vaginal vault thoroughly and firmly packed, the rectum and bladder having been previously emptied. This kind of a tampon will not disappoint you, if properly applied; but beware of anything less effectual, for sooner or later it will deceive you. —DR. W. N. SHERMAN, in *The Medical Summary.*

DR. DAVID MERRITT.—Dr. David Merritt, who recently died at his residence, No. 2227 Pine Street, was born at St. John, New Brunswick, in 1830. He came to this city when nineteen years of age, and began the study of medicine, graduating in March, 1851. He practiced his profession until the breaking out of the war, when he joined the Fifty-fifth Regiment Pennsylvania Volunteers, under Colonel Richard White. After serving three years as a surgeon with that

body, he connected himself with the Hancock Veteran Corps, serving in the same capacity until the close of the war. He resumed his practice in this city, and three years ago he became stricken with empyema, which resulted in his death. He leaves a widow, a son, and a daughter.

Leaves of the Adhatoda Vasica.—The leaves of the vasica have a reputation as expectorant and antispasmodic, and are employed in consumption, coughs, chronic bronchitis, asthma, and other pulmonary and catarrhal affections. It is usually administered with some spice, as ginger or pepper. Dr. U. C. Dutt remarks that there is a saying that no man suffering from phthisis need despair as long as the vasica plant exists. Drury mentions that the leaves given in conjunction with those of *Solanum trilobatum* and *S. Jacquini* are employed by the Vythians internally in decoction as anthelmintic. Bellew states that they are given to cattle as a medicine, but under this head it should be noticed that animals do not, as a rule browse on it, and goats only have been known to crop a few leaves. In Bengal the leaves are smoked as a remedy for asthma, and several European and native physicians have given evidence of some very satisfactory results.—David Hooper, L.C.S., in the *Pharm. Journal.*

Bone Transplantation.—Skin grafting has long and successfully been resorted to, but now the transplanting of bone is looming up. Dr. Weir, of New York, trephined the skull for the cure of epilepsy, the opening being about two and a half by three inches, then replaced the bone removed, and in about seven weeks after the operation all the wounds had healed save one; the bones were felt to be solid and painless. In another instance, a boy aged three years, with necrosis of the entire diaphysis of the humerus, had the sequestrum removed, but the periosteum failed to develop bone. The surgeon at different times introduced into the arm pieces of bone, broken very small, taken from the tibia of children in rectifying incurvations. The engrafted pieces of bone grew, and in the course of fourteen months from the time of the first transplantation the boy had a functional humerus. Many other interesting cases are cited by Dr. Sherman, of San Francisco.—Dr. Abraham Livezey, in *The Medical Summary.*

Treatment of the Cord.—Dr. A. Jacobi says: "The indications for the application of the ligature, and thereby the complete interruption of fœtal circulation, appear to vary in the practice and teachings of the obstetricians. When the baby has cried a few times, the majority apply the ligature and cut the cord; others insist upon waiting for the collapse of the cord produced by that of the vein while the arteries are still pulsating; and some will wait for the disappearance of the arterial pulse. A few facts may be remembered for the purpose of guiding the practitioner in individual cases, for the amount of blood entering or retained in the body of an infant is by no means an indifferent matter.

"If the ligature be applied after the cessation of the umbilical pulsation, there are still six ounces of blood (192 grammes, according to Zweifel) in the placenta. If the latter be compressed by Crede's procedure that amount is reduced to three ounces (92 grammes). Thus the difference between the two procedures means a difference of three ounces of blood in the circulation of the newly born, which is an enormous addition to the usual quantity of blood, which in the infant but little older is but little more than 5 per cent. of the total weight of its body. After all, it appears that the deferred separation of the baby, when poorly developed and pale, and the admission of more blood to its system, is deserving of recommendation; while, on the other hand, there may be an occasional indication for bleeding the infant."—*Journal of the American Medical Association.*

Are there Bacteria in the Uterus after Parturition?—According to MM. Straus and Sanchez Toledo, who have experimented upon rabbits, female cobayas, mice, and rats, in these animals after the physiological phenomena of parturition, the uterine walls, as well as the secretion present in the uterus, do not contain any micro-organisms. The numerous germs which are found in the anterior portion of the genital passages do not penetrate into the anterior of the uterus, or, if they do enter it, they are speedily destroyed. These experimental proofs observed in female animals find their analogies in certain experiments made recently by M. Döderlein upon the lochia of lying-in women. He showed that these lochia, taken directly from the uterus of lying-in women who have no fever, do not contain any bacteria, and may be inoculated without appreciable effect under the skin of animals, while the lochia of puerperal-fever patients do contain microbes and cause accidents in animals into which they are injected. Furthermore, MM. Straus and Sanchez Toledo show that we may introduce with impunity into the uterine cavity of females which have just been delivered enormous quantities of microbes eminently pathogenic among these animals without causing any infection. A single micro-organism may be excepted—that of chicken cholera; but we know how sensitive the rabbit is to its action, and with what facility the germ carries infection in the natural way, especially in the alimentary canal. MM. Straus and Sanchez Toledo do not attempt to explain now this singular resistance of the uterine wound after parturition in these animals,—a resistance which

contrasts with the great susceptibility of the uterine wound in lying-in women with regard to pathogenic microbes.—*Le Progrès Médical.*

SECRECY IN PHARMACY.—When a prescription is written by a physician in characters which can be read in only one drug-store in the town, there is righteous indignation on the part of all high-minded pharmacists, not because of the small pecuniary loss they must suffer, but because the practice strikes at the foundation on which legitimate pharmacy is based. Pharmacy cannot adequately supplement and support the growing art of medicine, unless the liberal spirit that has been thus far so religiously guarded as a distinctive characteristic of the medical profession is to be shared, as it is to-day, by its twin brother. Of late there has arisen a class of specialists in pharmacy, who confine themselves to manufacturing operations. Many of these have maintained their relations with the body of professional men of which they naturally form a part, and have scrupulously observed the ethical requirements of that professional relation. Among those requirements is obviously one which should forbid absolutely the withholding from other members of the profession of the formulas of preparations which they expect physicians to prescribe. The reasons which apply in the case of the ordinary pharmacist who seeks to make his individual gain out of a private understanding between himself and an individual prescriber apply with increased cogency to the case of the manufacturer who would substitute for a scientific and authorized pharmacopœia a collection of secret formulas. A thoroughly educated medical man ought never to hesitate a moment in choosing between these two alternatives, and pharmacists must speak their minds on the subject so emphatically that henceforth the fine-spun sophistries of the traveling agent shall exercise no persuasive powers over any one calling himself a physician.—*The Pharmaceutical Era.*

PHOSPHORUS IN RACHITIS.—Mr. Comby says: "For fifteen months I have treated with phosphorized cod-liver oil (ten centigrammes of phosphorus to the litre) forty rachitics aged from ten to thirty months, the smallest taking from one to two coffeespoonfuls of the phosphorized oil daily, the largest taking as much as four coffeespoonfuls, or at least a milligramme, of phosphorus each day. The treatment has been kept up three, six, and occasionally twelve months. In all cases the rachitis was very pronounced. The light cases, which were cured easily, were not subjected to phosphorus treatment. No serious inconvenience resulted from the use of the phosphorus; the drug was perfectly tolerated. As to the results, they were as follows: In forty cases treated there were twenty-one which showed slight or marked improvement, eighteen were unchanged, and one was aggravated. In the most favorable cases, even after a year's treatment, the osseous curvatures were not corrected.

"On the other hand, I have treated forty rachitics by salt baths, with the addition in certain cases of cod-liver oil and phosphate of lime. The results of this series of cases were: No deaths, two complete cures, thirty-four improvements, and four cases unchanged. These statistics show that the salt baths are better than phosphorus in the treatment of rachitis. Moreover, we have known for some time that a maritime climate is better than any other in rachitis. Rachitis is often a disease caused by the violation of hygienic laws; we must combat it with hygiene.

"The most powerful agents we can employ are all those which can relieve faults of nutrition and can strengthen the children,—good food, residence in the country or at the seaside, salt baths, either natural or artificial, etc. The remedies, properly so called, such as cod-liver oil, phosphate of lime, and phosphorus, are only second in importance."—*La Gazette Médicale de Montreal.*

PNEUMONIA IN CHILDREN.—In a valuable paper on this subject, Dr. L. Emmett Holt concludes:—

1. Cerebral symptoms in pneumonia of children are very common.

2. Convulsions belong almost without exception to infancy, being rarely met with after two years. Occurring at the onset, they belong essentially to lobar pneumonia; they do not indicate a bad prognosis, nor even, in most cases, a severe attack. When late convulsions come on, death within twenty-four hours may confidently be predicted.

3. Delirium comes oftenest between the age of five and eight, usually in conjunction with extensive disease and high temperature. These cases, although severe, with but few exceptions recover.

4. There is no such intimate association between cerebral symptoms and apex disease as has been frequently stated. Such symptoms occur in only about one-fifth of the apex cases.

5. Nervous symptoms occur much more frequently (one-third of the cases) when the disease is extensive and the temperature very high.

It was not my purpose to enter into the subject of the treatment of these symptoms in pneumonia, as I have nothing new to contribute. I wish to emphasize two points which my experience has taught me. The first is, that in hyperpyrexia the cold pack is safe, and the most efficient means to reduce the temperature and thus abate the brain symptoms dependent upon it. The second is the use of antipyrine, not so much for reducing very high temperature,—for I think the cold packs are safer than very large doses, and altogether

more satisfactory,—but to allay restlessness, quiet delirium and cough, and promote sleep. For this purpose, doses of two or three grains are sufficient in an infant of from six to nine months, and double the dose at eighteen months or two years. The dose may be repeated every six or eight hours.—*Progress.*

DIPSOMANIA.—For many years I have treated inebriety as a disease, and endeavored by suitable therapeutic measures to correct the neuropathic instability of which it is both sequence and cause. The following constitutes in substance the outline therapeutics recommended by me many years ago, and still employed:—

℞. Kali brom.,	. . .	ʒj.
Aqua distil.,	. q. s. ft.	ʒiv.
Aqua ammon. fort.,	. .	ʒss.
Ext. quassiæ,	. . .	fʒss.
Tr. capsici,	. . .	ʒiij.
Aq. menth. pip.,	. .	ʒv.
Morph. sulph.,	. . .	grs. iij.

M. Sig.: Tablespoonful every four or six hours during the first few days, well diluted with peppermint or other aromatic water, charged with a drop or two of ol. creasoti, or half a drachm of cherry-laurel water of the Pharmacopœia.

The morphia in this prescription I withdraw as soon as practicable, and substitute cannabis indica and hyoscyamus extracts in minimum doses, if anything more actively narcotic than the bromides seems necessary during the day. The one formula, minus the morphia, with gradual diminution of the ammonia and capsicum, has invariably proven to be sufficient, especially if an occasional two-scruple or half-drachm extra dose of the bromide of ammonium or of sodium is given, largely diluted in not less than eight ounces of water.

Hypnotic doses of chloral at night are always given in plenty of water, to avoid burning the lips and throat, insure quick absorption and gastric tranquility. Thirty or forty grains given in this way at the patient's usual time for sleep rarely disappoints. One dose of chloral in twenty-four hours is enough.

A hypodermic injection of hyoscyamine may be administered in its stead, but the sleep from it in alcoholism seems not to be so refreshing as that which follows chloral.

The ammonia and capsicum in the formula may be increased until the toper is satisfied from their taste and effects that he is taking something that supplements alcohol and fills the vacuum in the morbidly hungry stomach and nervous system, provided not over forty drops of aq. ammonia are given as a dose. The morphia may likewise be temporarily increased without the patient's knowledge of the name of the drug.

Every ingredient of the above formula is to be withdrawn in the course of a week or ten days, except the potassic bromide and the bitter extracts, the others being supplemented by pure water. The bromide and the bitters are usually directed to be used so long as any appearance of restlessness or neurasthenia remains.—DR. C. H. HUGHES, in the *Quarterly Review of Narcotic Inebriety.*

THE INTERNATIONAL CONGRESS OF ANTHROPOLOGY.—Dr. Lucy M. Hall, of Brooklyn, read a paper on "Heredity," June 7th, before the International Congress of Anthropology, which awakened an interesting discussion. She argued that, as a rule, the clever or most notable men were the sons of persons neither clever nor notable, and that the great men's sons were generally anything but clever or conspicuous for their ability or industry. The thief was as likely to be the son of a clergyman as the son of a thief. Dr. Hall applied the lash to her sex sharply for such bad habits as tight lacing, etc. In the discussion which followed Dr. Holbrook said that, from investigations made by him, he had come to the conclusion that mothers transmitted more of their characteristics to their daughters than to their sons, and that the fathers were equally partial in respect to their sons. Mrs. Rebecca D. Rickoff called attention to the reckless mating in marriage that now takes place among the people of this country. In his paper on the "Coming Man; a Dietetic Problem," read before the Congress, Dr. Frank Woodbury, of Philadelphia, Pa., said that much diversity exists in the food of different races and communities of men, owing to environment, habit, convenience, and choice. Science is now in a position to designate the nutritive value of different alimentary substances, and to prescribe a diet adapted to special conditions. More thought is being devoted to this subject of dietetics at the present time than ever before. The object of this paper he declared to be to direct attention to the transcendent importance of exercising careful supervision of the diet of the infant, and, *à fortiori*, of the mother during pregnancy. Women have been taking a prominent part in this Congress. Besides Dr. Lucy Hall, Mrs. Nellie Coon read a paper to-day, her subject being "Woman's Social Position."—*Philadelphia Ledger.*

THE REYNAL-O'CONNOR CANULA.—The canula sent by Dr. Reynal-O'Connor to Dr. Mackenzie for the Emperor of Germany was designed by the inventor to surmount certain mechanical difficulties which have heretofore increased the danger to patients. With all other canulas the patient is compelled to breathe cold air, laden with dust, moisture, and microbes. The canula invented by Dr. Reynal-O'Connor is also designed to give a free outlet to all pus, false membranes, and

sloughing of tissues in the case of malign tumors and inflammatory affections of the larynx, which otherwise, falling into the bronchi, would cause spasms of coughing, asphyxia, and even infectious diseases, as in the case of the Emperor of Germany.

This ingenious canula consists of a sheath which assists in the introduction of the apparatus and three pieces. The first of these pieces is held in place by means of antiseptic ribbons attached to rings in the sides of the apparatus. On the upper portion, this piece contains an oval orifice three centimetres in length, in order to allow the passage of all false membranes and the *débris* of tumors. At its inferior portion, it is pierced by seven holes, of which one is central, and three other smaller ones are placed on each side to avoid asphyxia in case the first should be obstructed by mucus or false membrane. In this first canula another is inserted, having seven openings which correspond to those in the first. At its upper portion there is a flat surface of the same form and length as the hole in the first piece, and so arranged that between it and the orifice beneath there is a cavity where any pus or slough may lodge. When these products of disorganization of tissue fill this little cavity, the inner canula has only to be withdrawn a little and cleaned with a brush steeped in phenic acid. When suppuration is very abundant, a rubber drainage-tube is attached to this cavity and the contents flows or is drawn out when necessary. The patient is thus only slightly inconvenienced by the necessity of cleansing the cavity of the canula.

Dr. Reynal-O'Connor believes there is a real danger to patients in breathing air charged with dust and microbes. He has therefore contrived a little apparatus which holds over the mouth of the canula a bit of sterilized wadding. Through this small filter passes all the air that is breathed by the patient, the air being thereby not only warmed, but deprived of all microbes.

Dr. Reynal-O'Connor recommends that the second canula be not entirely withdrawn, in cleansing the apparatus, for fear the slough should in the meantime fall into the first canula and thence into the bronchi of the patient, thereby causing the serious accidents which follow an absorption of pus by the pulmonary surface.—*Le Progrès Médical.*

THE INDICATIONS AND TECHNIQUE OF VAGINAL HYSTERECTOMY FOR CANCER.—M. Pozzi says that vaginal hysterectomy has become a sufficiently simple operation to be legitimately applied to all cases formerly treated by superior and inferior vaginal amputations of the neck.

The operation is contra-indicated as dangerous and useless under the following conditions:—

(*a*) Encroachment upon the large ligaments, due probably to the absence of mobility in the uterus, and the difficulty of accomplishing relaxation by anæsthesia.

(*b*) Secondary or primary encroachments upon the vagina, even when it is very slight.

(*c*) Considerable size in body of the cancerous uterus, rendering its extraction, except in pieces, laborious or impossible.

Hysterectomy, called "palliative," with or without resection of the vaginal cul-de-sac, performed in all cases of the kind, is an operation which ought to be rejected. The dangers thereby increased are out of proportion to the advantages which the operation secures.

In all cases where a radical operation should not be attempted the palliative surgical treatment is of very great assistance in preventing hemorrhage, sloughing, and pain. The operation should consist in the separation and careful enucleation of all diseased tissues, followed by cauterization with a red-hot iron.

The sharp curette, which makes a kind of natural selection between sound and degenerate tissue, is preferable, when it is well-handled, to the bistoury. The operation performed in this way is under control. Hence the words "curette," or "digging out," are preferable to that of inferior-vaginal and irregular amputation of the neck.

The red-hot iron, which acts mainly on the diseased portions not cut away, and whose vitality is less than that of the sound tissues, will complete very effectually the action of the curette. It can be passed without danger, under suitable precautions, to the fundus of the uterus.

In cases of cancer of the neck and body not propagative, but in which the size of the uterus renders its extraction by the vagina dangerous, the preceding palliative treatment (curettage followed by cauterization by a red-hot iron) should be preferred to total extirpation by abdominal section (Freund's operation).

(*d*) Permanent pressure does not give perfect security against hemorrhage, especially of the primitive type. It causes pinching and pressure of the neighboring organs. It renders antisepsis more difficult and the healing more painful.

Permanent pressure is, then, an expedient which ought not to be substituted from choice for ligature. This ought to bear successively on the divided vaginal walls and on the large ligaments after the uterus has been operated upon. In cases where the uterus alone is involved, or it is mobile and easy to manipulate, the placing of ligatures is not really difficult. We may say that permanent pressure is really necessary only in the case of hysterectomy, which ought never to have been undertaken.—*La Gazette Médicale de Montreal.*

COMMERCIAL NEWS.

PEACOCK'S BROMIDES.

It is hardly necessary to say anything in praise of Peacock's Bromides, its reputation being so well established on true merit, and the therapy thereof so well known. Especially do I think it efficient in all peculiar neuropathic and neurasthenic conditions of hereditary and idiopathic origin. Even chorea yields when the Bromides and arsenic are exhibited persistently and continuously. W. R. LOWMAN, M.D.

Baltimore, Md.

MELLIN'S FOOD.

Dr. Arthur V. Meigs, of Philadelphia, physician to the Pennsylvania Hospital and to the Children's Hospital, author of "Milk Analysis and Infant Feeding," says in a paper on "Dietetic Management of the Summer Diarrhœa of Infants," published in the Philadelphia Medical News, July 7, 1888: "Of all the baby foods that are manufactured, the only one that has given me such results as to encourage me to persevere in its use for any great length of time and to recommend it extensively is Mellin's Food."

VIN MARIANI.

R. W. St. Clair, of Brooklyn, N. Y., reports the following case:—

Mrs. D. sent for me. She was very low and could keep nothing on her stomach. I diagnosed subperitoneal hæmatocele. I called in the best aid in New York or Brooklyn, and all said she would die from inanition. I put her on Vin Mariani (small doses, and every half hour). I also operated by electricity, and aspirated two quarts of thick, dark blood. She was so low she could not lift her hand to her head. I kept the Vin Mariani going every half hour; she retained it and felt refreshed from the first. In two weeks she could get out of her bed, and came through in fine style. I know she would have died but for the help Vin Mariani gave her. It was the only thing she could keep down, and it gave her strength. It acted like a pleasant stimulant, without the usual reaction of other stimulants.

WHAT COCAINE TO USE.

There are many brands of Cocaine in the market, and many physicians have found, to their annoyance, that some are inert and some very irritating when applied to a sensitive membrane.

It may therefore be of service to physicians to learn the experience of Dr. Dudley S. Reynolds, editor of Progress, who, in the July, '88, number, expresses himself in this wise:—

"The medical profession has about settled its estimate of the therapeutical value of Muriate of Cocaine, but it is, unhappily, no easy matter to decide upon the most uniformly reliable source of supply. The editor of Progress had about concluded Merck's was the only reliable product, when recently he was induced to make trial of that produced by PARKE, DAVIS & CO. A fresh sample of ten grains was dissolved in five drachms of distilled water, to which was added one drop of liquid carbolic acid. One drop of this instilled into the eye of a man from whose cornea a foreign body was to be removed produced complete anæsthesia in three minutes, so that incision of the inflamed cornea and turning out of the piece of offending metal was not felt by the patient. Twenty other similar experiments yielded similar results."

COLDEN'S LIQUID BEEF TONIC.

Dr. J. J. Sullivan, Lowell, Mass., writes: "Colden's Liquid Beef Tonic excels all other beef extracts now in use."

From Drs. Manning and Ashby, editors Maryland Medical Journal, Baltimore, Md.: "This excellent preparation has become deservedly popular with the medical profession in the treatment of diseases where an agreeable article of diet and tonics are required. It is recommended in typhoid and malarial fevers, consumption, loss of appetite, and debility induced by any cause, and it is tolerated when other forms of animal food are rejected. We invite those who have not used it to try it."

PHYSICIAN'S PRACTICE FOR SALE.

On account of failing health, a physician with a large practice in one of the best agricultural districts in Pennsylvania will sell his good-will and office furniture, fixtures, and medicines, at a reasonable price. Address,

REX, care Medical Bulletin,
1231 Filbert St., Philadelphia.

A FEW THINGS IN WATER:—

But if from man's vile arts I flee,
And drink pure water from the lee,
I gulp down infusoriæ,
And quarts of raw bacteriæ,
And hideous rotatoriæ,
And wriggling polygastricæ,
And slimy diatomacæ,
And double-barreled kolpodæ,
Non-loricated ambœdæ,
And various animalculæ,
Of middle, high, and low degree;
For nature just beats all creation
In multiplied adulteration.

—*Am. Druggist.*